
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Filing at a Glance

Company:	Colorado Dental Service dba Delta Dental of Colorado
Product Name:	PPACA Individual Dental
State:	Colorado
TOI:	H10I Individual Health - Dental
Sub-TOI:	H10I.000 Health - Dental
Filing Type:	Rate
Date Submitted:	06/14/2013
SERFF Tr Num:	DDCO-129076981
SERFF Status:	Closed-Filed
State Tr Num:	279006
State Status:	Filed
Co Tr Num:	
Implementation	01/01/2014
Date Requested:	
Author(s):	David Sigley
Reviewer(s):	Cathy Gilliland (primary), Nichole Boggess, Michael Muldoon, Amy Filler, Rachel Plummer
Disposition Date:	08/07/2013
Disposition Status:	Filed
Implementation Date:	01/01/2014
State Filing Description:	
SERFF Binder #	DDCO-CO14-125002776

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health - Dental

Product Name: PPACA Individual Dental

Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: File & Use Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 08/07/2013
State Status Changed: 08/01/2013
Deemer Date: Created By: David Sigley
Submitted By: David Sigley Corresponding Filing Tracking Number:
Filing Description:
PPACA Dental Rate Filing

Company and Contact

Filing Contact Information

David Sigley, dsigley@ddpco.com
4582 South Ulster Street 303-889-8661 [Phone]
Suite 800
Denver, CO 80211

Filing Company Information

Colorado Dental Service dba Delta	CoCode: 55875	State of Domicile: Colorado
Dental of Colorado	Group Code:	Company Type: Dental
4582 S Uster St Ste 800	Group Name:	Insurance
Denver, CO 80237	FEIN Number: 84-0568337	State ID Number: CO
(303) 889-8665 ext. [Phone]		

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page.
Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 3 CCR 702-4

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: Yes

Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: Yes

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Nichole Boggess	08/07/2013	08/07/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Michael Muldoon	07/29/2013	07/29/2013
Pending Industry Response	Michael Muldoon	07/18/2013	07/18/2013
Pending Industry Response	Cathy Gilliland	07/18/2013	07/18/2013
Pending Industry Response	Michael Muldoon	07/14/2013	07/14/2013
Pending Industry Response	Rachel Plummer	07/11/2013	07/11/2013
Pending Industry Response	Cathy Gilliland	07/08/2013	07/08/2013
Pending Industry Response	Cathy Gilliland	06/19/2013	06/19/2013

Response Letters

Responded By	Created On	Date Submitted
David Sigley	07/29/2013	07/29/2013
David Sigley	07/22/2013	07/22/2013
David Sigley	07/22/2013	07/22/2013
David Sigley	07/17/2013	07/17/2013
David Sigley	07/16/2013	07/16/2013
David Sigley	07/15/2013	07/15/2013
David Sigley	06/24/2013	06/24/2013

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Cathy Gilliland	06/19/2013	06/19/2013
Pending Industry Response	Cathy Gilliland	06/17/2013	06/17/2013

Response Letters

Responded By	Created On	Date Submitted
David Sigley	06/28/2013	06/28/2013
David Sigley	06/17/2013	06/17/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Disposition letter	Note To Filer	Nichole Boggess	08/07/2013	08/07/2013
Objection dated July 8, 2013	Note To Reviewer	David Sigley	07/12/2013	07/12/2013
binder	Note To Filer	Cathy Gilliland	06/17/2013	06/17/2013

SERFF Tracking #:	DDCO-129076981	State Tracking #:	279006	Company Tracking #:	
<hr/>					
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado		
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental				
Product Name:	PPACA Individual Dental				
Project Name/Number:	/				

Disposition

Disposition Date: 08/07/2013

Implementation Date: 01/01/2014

Status: Filed

Comment: State Tracking #279006

Company: Colorado Dental Services – Delta Dental

Product Line: Individual Standalone Dental Rate Implementation Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing. The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

On Exchange Only Plans

Child Only Pediatric: 2 Plans (High Av Pediatric plan, Low AV Pediatric Plan)

Other Adult & Child: 3 Plans (1 Low AV plan, 2 High AV plans)

Off Exchange Only Plans

Other Adult & Child: 4 plans

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

See attached document for more information on this filing.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Colorado Dental Service dba Delta Dental of Colorado	0.000%	0.000%	\$0	16,955	\$6,143,556	0.000%	0.000%

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HR-1 Form (H)		Yes
Supporting Document (revised)	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Certification		Yes
Supporting Document	Actuarial Value Justification		Yes
Form (revised)	Family Plan - Mesa		Yes
Form	Voluntary 2011		Yes
Form (revised)	Family Plan - High Mesa		Yes
Form	Voluntary 2014		Yes
Form (revised)	Family Plan - Summit		Yes
Form	Classic Contract		Yes
Form (revised)	Child Plan - Mesa		Yes
Form	Enhanced Contract		Yes
Form (revised)	Child Plan - Summit		Yes
Form	Clear Contract		Yes
Form	Classic Plan		Yes
Form	Enhanced Plan		Yes
Form	PPO Direct		Yes
Form	PPO Plus		Yes

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate (revised)	Rate Tables		Yes
Rate	Rate Tables		Yes
Rate (revised)	Exchange Plan Rate Tables		Yes
Rate	Exchange Plan Rate Tables		Yes

Final Disposition Letter

State Tracking #279006

Company: Colorado Dental Services – Delta Dental

Product Line: Individual Standalone Dental

Rate Implementation Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

On Exchange Only Plans

Child Only Pediatric: 2 Plans (High Av Pediatric plan, Low AV Pediatric Plan).

Other Adult & Child: 3 Plans (1 Low AV plan, 2 High AV plans).

Off Exchange Only Plans

Other Adult & Child: 4 plans.

Rate Methodology

Experience Used for Rate Setting: The rates for all plan designs were based on actual experience incurred during the time period April 2012 through March 2013 by members enrolled in existing group products. Claims were projected forward to 1/1/2014 at an annual trend rate of 4% and were adjusted for benefits and administrative expenses.

2012 Experience Period Loss Ratio: 68.06% based on an average of 16,955 members enrolled with \$5.6 million in premium (\$28.74 ppm).

Annual Dental Cost Trends: 4.0%.

Premium Retained to Cover Expenses, Taxes Fees and Profits

Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Total premium retention is 28.75% shown as follows:

General Admin: 17.4%

Commissions: 5.28%

Fed Health Insurer fee: 2.5%

Risk Margin 3.57%

Final Disposition Letter

Sample of Final Premium Levels

Age			High AV	Low AV
Rating Area 3	0-20	Min	\$0.00	\$0.00
		Max	\$45.00	\$42.00
	21	Min	\$0.00	\$0.00
		Max	\$45.00	\$42.00
	64	Min	\$21.60	\$20.50
		Max	\$28.00	\$27.20
Rating Area 4	0-20	Min	\$0.00	\$0.00
		Max	\$42.00	\$40.00
	21	Min	\$0.00	\$0.00
		Max	\$42.00	\$40.00
	64	Min	\$21.60	\$20.50
		Max	\$28.00	\$25.60
Rating Area 5	0-20	Min	\$0.00	\$0.00
		Max	\$42.00	\$40.00
	21	Min	\$0.00	\$0.00
		Max	\$42.00	\$40.00
	64	Min	\$21.60	\$20.50
		Max	\$28.00	\$25.60
Rating Area 7	0-20	Min	\$0.00	\$0.00
		Max	\$42.00	\$40.00
	21	Min	\$0.00	\$0.00
		Max	\$42.00	\$40.00
	64	Min	\$21.60	\$20.50
		Max	\$28.00	\$25.60

Division Objections and Rate Changes During the Review Process

The Division objected to 0.57% of the fees built into premium retention, requested the issuer to carry this as additional risk margin in the rates.

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: PPACA Individual Dental

Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/29/2013
Submitted Date	07/29/2013
Respond By Date	07/30/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memorandum (Supporting Document)

Comments: We were informed by Connect for Health Colorado that the \$1.80 medical user fee and \$0.18 pmpm dental user fee are not being collected in 2014.

This fee will be collected directly by the Exchange and should not be built directly into premium in the future.

You may remove this from rates or carry as an additional contingency margin until the next rating period.

All rate adjustments must be completed by July 30th.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Sincerely,

Michael Muldoon

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/18/2013
Submitted Date	07/18/2013
Respond By Date	07/23/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memorandum (Supporting Document)

Comments: As discussed on our phone call, please split out each of the following types of expenses (if applicable) separately from your 17.4% general admin load and show each separately as a % of premium:

State Premium taxes

Fed & State Income taxes

PPACA Health Insurer Fee

Other PPACA Fees and assessments

Colorado Exchange Fee: Was set by COHBE to be 1.4% of Exchange based premium.

Other State Fees and Assessments

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/23/2013, which is within 5 calendar days from the date of this correspondence.

Failure to provide a full or complete response may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Michael Muldoon

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: PPACA Individual Dental

Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/18/2013
Submitted Date	07/18/2013
Respond By Date	07/22/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide form #'s on the form schedule tab. The form"s need to distinguish from each plan. You may assign numbers. Example : contract A PPO example: contract A EPO example: contract A HMO, etc

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/22/2013, which is within 4 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/22/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/14/2013
Submitted Date	07/14/2013
Respond By Date	07/17/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memorandum (Supporting Document)

Comments: Actuarial memorandum Support

Section N: Please show the experience for the 12-month experience period (Apr 2012 to Mar 2013) used to develop the index rates. Show this experience period as an additional line in the table in section N.

Section K: Show the projection calculation including the trend adjustments applied to project claims pmpm to the rating period 2014, and including the retention of 25.68% to arrive at final premium pmpm.

Please indicate the data source and tool / method used to perform the Actuarial Valuation analysis, provide detail of the AV calculation for the On Exchange Family Plan High Mesa (Low) and Family Plan Summit (High).

Rates entered in the rate data template vary by area. Please provide actuarial support for how area rating adjustments were developed.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/17/2013, which is within 3 calendar days from the date of this correspondence.

Failure to provide a full or complete response may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Michael Muldoon

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/11/2013
Submitted Date	07/11/2013
Respond By Date	07/16/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide a rate manual for exchange plans only. The current manual does not conform to the rating rules in the rate data template and do not match. Provide a base rate and an age and geographic factor along with any other factors that may be applicable. Clarify that the on the exchange plans for pediatric dental have the same rates for 0-20 year olds, due to Exchange system requirements the rates must be guaranteed rates and not estimated rates.

Objection 2

Comments: Please provide the Serff tracking number of the form filing that has the benefit modifications to the old plans.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/16/2013, which is within 5 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/16/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/08/2013
Submitted Date	07/08/2013
Respond By Date	07/11/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Regulation 4-2-11 section 6 (P) Please provide the support on how the projections were calculated: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved

Objection 2

Comments: Regulation 4-2-11 section 6 (L) Trend: This section must describe the trend assumptions used in pricing. These assumptions must each be separately discussed, adequately supported, and also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported.

- 1. Up to the four most recent years of monthly experience used to evaluate historical trends should be provided if available. This experience may be data for the plan being rated, or may include data from other Colorado or National business for similar lines of business, product designs, or benefit configurations.*
- 2. The loss data for a health benefit plan or an applicable plan that pays on an expense basis must be on an incurred basis with pharmacy data shown separately from medical data, and showing separately the accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and incurred but not reported (IBNR) reserves) as of the valuation date. The plan should indicate the number of paid claim months of run out used beyond the end of the incurred claims period.*
- 3. The claims experience for a health benefit plan or an applicable plan that pays on an expense basis should include the following separate data elements for each month: actual medical (non-pharmacy) paid on incurred claims, total medical incurred claims including estimated IBNR claims, actual pharmacy paid on incurred claims, total pharmacy incurred claims including estimated IBNR claims, average covered lives for medical, and average covered lives for pharmacy.*
- 4. The health benefit plan or an applicable plan that pays on an expense basis should also show these data elements aggregated by 12-month annual periods, with yearly per member per months (pmpms) and year over year pmpm trends separately for medical and pharmacy. The plan should also show the annual experience pmpms and trends normalized for changes in demographics, benefit changes, and other factors impacting the true underlying trends.*
- 5. The trend assumptions by major service category shall be, if practical, separately quantified into two categories, medical and insurance, as defined below:*
 - a. Medical trend is the combined effect of medical provider price increases, utilization changes, medical cost shifting, and new medical procedures and technology.*
 - b. Insurance trend is the combined effect of underwriting wearoff, deductible leveraging, and antiselection resulting from rate increases and discontinuance of new sales. Note: medical trend must be determined or assumed before insurance trend can be determined. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.*

Conclusion:

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health - Dental

Product Name: PPACA Individual Dental

Project Name/Number: /

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/11/2013, which is within 3 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/11/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Cathy Gilliland

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: PPACA Individual Dental

Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/19/2013
Submitted Date	06/19/2013
Respond By Date	07/03/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide a requested filing mode on the general information tab.

Conclusion:

.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/03/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/03/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State: Colorado Filing Company: Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: PPACA Individual Dental

Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/19/2013
Submitted Date	06/19/2013
Respond By Date	07/03/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide form numbers on the form schedule tab.

Objection 2

Comments: Please provide the form # for the lead form number for future filings.

Objection 3

- Actuarial Memorandum (Supporting Document)

Comments: (H) Regulation 4-2-11 (H) Retention Percentage: The actuarial memorandum must list and adequately support each specific component of the retention percentage. The support for a health benefit plan must include a comparison of the most recent levels experienced for each component as shown in the plan's financial statements, with an explanation for any variations between retention loads used and actual experience for each component.

a. If the product was not initially priced using a lifetime loss ratio standard, the retention percentage is equal to the sum of all non-claim components of the rate including investment income from unearned premium reserves, contract or policy reserves, reserves from incurred losses, and reserves from incurred but not reported losses.

Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin

Objection 4

- Actuarial Memorandum (Supporting Document)

Comments: (H) The Division recommended benefits ratio guidelines are as listed below. Targeted benefits ratios below these guidelines shall be actuarially justified.

Benefits Ratio Guidelines

Comprehensive Major Medical (Individual) 75%

Comprehensive Major Medical (Small Group) 80%

Comprehensive Major Medical (Large Group) 85%

Comprehensive Major Medical (Student Blanket) 80%

Specified or Dread Disease 60%

Limited Benefit Plans 60%

Disability Income 60%

Dental/Vision 60%

Stop Loss 60%

Short Term Limited Duration Health Insurance 60%

Objection 5

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (P) Benefits Ratio Projections: The memorandum must contain a section projecting the

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/03/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/03/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/17/2013
Submitted Date	06/17/2013
Respond By Date	06/18/2013

Dear David Sigley,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide the binder and binder # for this rate filing.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/18/2013, which is within 1 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/18/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Cathy Gilliland

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/29/2013
Submitted Date	07/29/2013

Dear Cathy Gilliland,

Introduction:

Please see comments below.

Response 1

Comments:

The \$0.18 retention has been moved into the risk margin. We did not make any adjustments for the 1.4% Exchange fee because we expect the vast majority of our business to be off of the Exchange. The additional risk margin provides some protection if Exchange enrollment is higher than anticipated.

Related Objection 1

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: We were informed by Connect for Health Colorado that the \$1.80 medical user fee and \$0.18 pmpm dental user fee are not being collected in 2014. This fee will be collected directly by the Exchange and should not be built directly into premium in the future.

You may remove this from rates or carry as an additional contingency margin until the next rating period.
All rate adjustments must be completed by July 30th.

Changed Items:

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v6).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v5).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v4).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v3).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v2).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual.pdf

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

David Sigley

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/22/2013
Submitted Date	07/22/2013

Dear Cathy Gilliland,

Introduction:

Please see comments below.

Response 1

Comments:

The requested information has been added to the revised actuarial memorandum. Please note that we had not made an allowance for ACA fees previously, so the target retention has increased slightly. In order to avoid rate changes, we adjusted the underlying utilization assumptions to reduce the expected claims by an offsetting amount.

I still feel that the resulting claim totals fall within a reasonable range of actuarial judgment.

Related Objection 1

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: As discussed on our phone call, please split out each of the following types of expenses (if applicable) separately from your 17.4% general admin load and show each separately as a % of premium:

State Premium taxes

Fed & State Income taxes

PPACA Health Insurer Fee

Other PPACA Fees and assessments

Colorado Exchange Fee: Was set by COHBE to be 1.4% of Exchange based premium.

Other State Fees and Assessments

Changed Items:

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v5).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v4).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v3).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v2).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

SERFF Tracking #:	DDCO-129076981	State Tracking #:	279006	Company Tracking #:	
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado		
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental				
Product Name:	PPACA Individual Dental				
Project Name/Number:	/				

David Sigley

SERFF Tracking #:	DDCO-129076981	State Tracking #:	279006	Company Tracking #:	
<hr/>					
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado		
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental				
Product Name:	PPACA Individual Dental				
Project Name/Number:	/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/22/2013
Submitted Date	07/22/2013

Dear Cathy Gilliland,

Introduction:

Please see comments below.

Response 1

Comments:

The requested form numbers have been added. We have also added the plan IDs to the rate schedules, as requested by your consultants.

Related Objection 1

Comments: Please provide form #'s on the form schedule tab. The form's need to distinguish from each plan. You may assign numbers. Example : contract A PPO example: contract A EPO example: contract A HMO, etc

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:

DDCO-129076981

State Tracking #:

279006

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: PPACA Individual Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-01-0004	POLA	Other	No action			Date Submitted: 07/22/2013 By: David Sigley

Previous Version

1	Voluntary 2011		POLA	Other	No action			Date Submitted: 06/14/2013 By: David Sigley
2	Family Plan - High Mesa	DDCO-01-0005	POLA	Other	No action			Date Submitted: 07/22/2013 By: David Sigley

Previous Version

2	Voluntary 2014		POLA	Other	No action			Date Submitted: 06/14/2013 By: David Sigley
3	Family Plan - Summit	DDCO-01-0006	POLA	Other	No action			Date Submitted: 07/22/2013 By: David Sigley

Previous Version

3	Classic Contract	54481	POLA	Other	No action			Date Submitted: 06/14/2013 By: David Sigley
4	Child Plan - Mesa	DDCO-01-0007	POLA	Other	No action			Date Submitted: 07/22/2013 By: David Sigley

Previous Version

SERFF Tracking #:

DDCO-129076981

State Tracking #:

279006

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: PPACA Individual Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Family Plan - Mesa	DDCO-01-0004	POLA	Other	No action			Date Submitted: 07/22/2013 By: David Sigley
4	Enhanced Contract	54482	POLA	Other	No action			Date Submitted: 06/14/2013 By: David Sigley
5	Child Plan - Summit	DDCO-01-0008	POLA	Other	No action			Date Submitted: 07/22/2013 By: David Sigley
Previous Version								
5	Clear Contract	54483	POLA	Other	No action			Date Submitted: 06/14/2013 By: David Sigley
6	Classic Plan	DDCO-01-0009	POLA	Other	No action			Date Submitted: 07/22/2013 By: David Sigley
7	Enhanced Plan	DDCO-01-0010	POLA	Other	No action			Date Submitted: 07/22/2013 By: David Sigley
8	PPO Direct	DDCO-01-0011	POLA	Other	No action			Date Submitted: 07/22/2013 By: David Sigley
9	PPO Plus	DDCO-01-0012	POLA	Other	No action			Date Submitted: 07/22/2013 By: David Sigley

SERFF Tracking #:

DDCO-129076981

State Tracking #:

279006

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: PPACA Individual Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	DDCO-01-0009, DDCO-01-0010, DDCO-01-0011, DDCO-01-0012	Revised	Previous State Filing Number: DDCO-128743037 Percent Rate Change Request:	Individual Rates - Modified Plans.pdf,	07/22/2013 By: David Sigley

Previous Version

1	Rate Tables		Revised	Previous State Filing Number: DDCO-128743037 Percent Rate Change Request:	DDCO Individual Rate Manual.pdf,	06/14/2013 By: David Sigley
2	Exchange Plan Rate Tables	DDCO-01-0004, DDCO-01-0005, DDCO-01-0006, DDCO-01-0007, DDCO-01-0008	New		Individual Rates - Exchange Plans.pdf,	07/22/2013 By: David Sigley

Previous Version

2	Exchange Plan Rate Tables	005, 007, 009, 011	New		Individual Rates - Exchange Plans.pdf,	07/16/2013 By: David Sigley
---	------------------------------	--------------------	-----	--	---	--------------------------------

Conclusion:

Thank you.

Sincerely,

David Sigley

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/17/2013
Submitted Date	07/17/2013

Dear Cathy Gilliland,

Introduction:

Please see comments below.

Response 1

Comments:

An illustration of the rate development and the requested claim information have been included in the revised memorandum. Please note that, in the course of preparing this information, we identified a methodological error in the initial rate build-up so the Exchange rates do not match the previously filed rate. We will need your guidance regarding correcting the Rate Template to match the corrected rates.

The requested information regarding the actuarial value calculations is included in the newly added document.

Related Objection 1

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Actuarial memorandum Support

Section N: Please show the experience for the 12-month experience period (Apr 2012 to Mar 2013) used to develop the index rates. Show this experience period as an additional line in the table in section N.

Section K: Show the projection calculation including the trend adjustments applied to project claims pmpm to the rating period 2014, and including the retention of 25.68% to arrive at final premium pmpm.

Please indicate the data source and tool / method used to perform the Actuarial Valuation analysis, provide detail of the AV calculation for the On Exchange Family Plan High Mesa (Low) and Family Plan Summit (High).

Rates entered in the rate data template vary by area. Please provide actuarial support for how area rating adjustments were developed.

Changed Items:

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v4).pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v3).pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v2).pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual.pdf
Satisfied - Item:	Actuarial Value Justification
Comments:	
Attachment(s):	Description of the Actuarial Value Calculation - Individual.pdf

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v4).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v3).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v2).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual.pdf

Satisfied - Item:	Actuarial Value Justification
Comments:	
Attachment(s):	Description of the Actuarial Value Calculation - Individual.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

David Sigley

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/16/2013
Submitted Date	07/16/2013

Dear Cathy Gilliland,

Introduction:

See comments below.

Response 1

Comments:

We have provided rate sheets specific to the Exchange plans. Rates for these plans do not vary by geography, so geographic factors do not apply. A single set of age factors cannot be applied due to the substantially different benefits between adults and children. The difference between child and adult rates also encompass the value of benefit differences, which vary by plan.

Note that standalone dental benefits are an excepted benefit and not subject to the same rate requirements as medical plans.

Clarifying language has been added to indicate child rates include ages 0 - 20.

Related Objection 1

Comments: Please provide a rate manual for exchange plans only. The current manual does not conform to the rating rules in the rate data template and do not match. Provide a base rate and an age and geographic factor along with any other factors that may be applicable. Clarify that the on the exchange plans for pediatric dental have the same rates for 0-20 year olds, due to Exchange system requirements the rates must be guaranteed rates and not estimated rates.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Exchange Plan Rate Tables	005, 007, 009, 011	New		Individual Rates - Exchange Plans.pdf,	07/16/2013 By: David Sigley

Response 2

Comments:

No form filing has been filed for the old plans. We have followed Regulation 4-2-27 to prepare the modifications to the existing plans. If there is a form filing requirement associated with those plans, please indicate what is required.

Related Objection 2

Comments: Please provide the Serff tracking number of the form filing that has the benefit modifications to the old plans.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

David Sigley

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/15/2013
Submitted Date	07/15/2013

Dear Cathy Gilliland,

Introduction:

Please see comments below.

Response 1

Comments:

The requested information has been added to the revised memorandum.

Related Objection 1

Comments: Regulation 4-2-11 section 6 (P) Please provide the support on how the projections were calculated: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved

Changed Items:

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v3).pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v2).pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The requested information has been added to the revised memorandum.

Related Objection 2

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Comments: Regulation 4-2-11 section 6 (L) Trend: This section must describe the trend assumptions used in pricing. These assumptions must each be separately discussed, adequately supported, and also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported.

1. Up to the four most recent years of monthly experience used to evaluate historical trends should be provided if available. This experience may be data for the plan being rated, or may include data from other Colorado or National business for similar lines of business, product designs, or benefit configurations.
2. The loss data for a health benefit plan or an applicable plan that pays on an expense basis must be on an incurred basis with pharmacy data shown separately from medical data, and showing separately the accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and incurred but not reported (IBNR) reserves) as of the valuation date. The plan should indicate the number of paid claim months of run out used beyond the end of the incurred claims period.
3. The claims experience for a health benefit plan or an applicable plan that pays on an expense basis should include the following separate data elements for each month: actual medical (non-pharmacy) paid on incurred claims, total medical incurred claims including estimated IBNR claims, actual pharmacy paid on incurred claims, total pharmacy incurred claims including estimated IBNR claims, average covered lives for medical, and average covered lives for pharmacy.
4. The health benefit plan or an applicable plan that pays on an expense basis should also show these data elements aggregated by 12-month annual periods, with yearly per member per months (pmpms) and year over year pmpm trends separately for medical and pharmacy. The plan should also show the annual experience pmpms and trends normalized for changes in demographics, benefit changes, and other factors impacting the true underlying trends.
5. The trend assumptions by major service category shall be, if practical, separately quantified into two categories, medical and insurance, as defined below:
 - a. Medical trend is the combined effect of medical provider price increases, utilization changes, medical cost shifting, and new medical procedures and technology.
 - b. Insurance trend is the combined effect of underwriting wearoff, deductible leveraging, and antiselection resulting from rate increases and discontinuance of new sales. Note: medical trend must be determined or assumed before insurance trend can be determined. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.

Changed Items:

SERFF Tracking #:	DDCO-129076981	State Tracking #:	279006	Company Tracking #:	
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado		
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental				
Product Name:	PPACA Individual Dental				
Project Name/Number:	/				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v3).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v2).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your comments. We look forward to speaking with you later this week.

*Sincerely,
David Sigley*

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/24/2013
Submitted Date	06/24/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your communication.

Response 1

Comments:

I have changed the filing mode to Review & Approval. As this is a dental filing with less than a 5% increase, this would normally be filed as File & Use. However, since it is related to benefit modifications and contains new plans, I believe that it would be subject to prior approval.

Related Objection 1

Comments: Please provide a requested filing mode on the general information tab.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

If you disagree with our assessment of the correct filing mode, please let me know. Thank you.

Sincerely,

David Sigley

SERFF Tracking #:	DDCO-129076981	State Tracking #:	279006	Company Tracking #:	
State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado		
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental				
Product Name:	PPACA Individual Dental				
Project Name/Number:	/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/28/2013
Submitted Date	06/28/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your response. Please see our responses to your objections below.

Response 1

Comments:

In all of our past filings, we have not submitted form numbers as this is not indicated as a required field in SERFF. As such, we have form names but not numbers. We certainly intend to comply with the DOI requirements. However, we obviously cannot provide numbers we do not have. In talking with my colleagues, we are not clear on whether we may assign any numbers we wish, whether there are certain requirements, or whether the numbers are assigned by the Division.

In order to provide numbers, we will first have to generate those numbers and would require guidance from the Division. Please let us know how to best proceed.

Related Objection 1

Comments: Please provide form numbers on the form schedule tab.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see my comments in Response 1, as they apply here as well. Can you also clarify what is meant by "lead form"? Is that the form with highest enrollment? Would it be "lead" from a marketing perspective? I have not been able to find any clarification as to what this term actually means.

Related Objection 2

Comments: Please provide the form # for the lead form number for future filings.

Changed Items:

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

The requested information has been added to the revised actuarial memorandum.

Related Objection 3

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: (H) Regulation 4-2-11 (H) Retention Percentage: The actuarial memorandum must list and adequately support each specific component of the retention percentage. The support for a health benefit plan must include a comparison of the most recent levels experienced for each component as shown in the plan's financial statements, with an explanation for any variations between retention loads used and actual experience for each component.

a. If the product was not initially priced using a lifetime loss ratio standard, the retention percentage is equal to the sum of all non-claim components of the rate including investment income from unearned premium reserves, contract or policy reserves, reserves from incurred losses, and reserves from incurred but not reported losses. Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v2).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual.pdf

No Form Schedule items changed.

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please note that this is a dental filing with a benefit ratio guideline of 60%. As our target loss ratio is about 74%, well above this target, we do not believe additional justification is needed.

Related Objection 4

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: (H) The Division recommended benefits ratio guidelines are as listed below. Targeted benefits ratios below these guidelines shall be actuarially justified.

Benefits Ratio Guidelines

Comprehensive Major Medical (Individual) 75%

Comprehensive Major Medical (Small Group) 80%

Comprehensive Major Medical (Large Group) 85%

Comprehensive Major Medical (Student Blanket) 80%

Specified or Dread Disease 60%

Limited Benefit Plans 60%

Disability Income 60%

Dental/Vision 60%

Stop Loss 60%

Short Term Limited Duration Health Insurance 60%

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see the revised actuarial memorandum.

Related Objection 5

Applies To:

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (P) Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v2).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum - Individual.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

I look forward to your response regarding form numbers. Please feel free to contact me directly if this cannot be addressed through SERFF.

Sincerely,

David Sigley

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/17/2013
Submitted Date	06/17/2013

Dear Cathy Gilliland,

Introduction:

I apologize for the confusion.

Response 1

Comments:

This rate filing is associated with binder #DDCO-CO14-125002776.

Related Objection 1

Comments: Please provide the binder and binder # for this rate filing.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please feel free to contact me with any additional questions.

Sincerely,

David Sigley

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Note To Filer

Created By:

Nichole Boggess on 08/07/2013 02:20 PM

Last Edited By:

Nichole Boggess

Submitted On:

08/07/2013 02:20 PM

Subject:

Disposition letter

Comments:

Resent disposition letter to add additional information.

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Note To Reviewer

Created By:

David Sigley on 07/12/2013 03:29 PM

Last Edited By:

Nichole Boggess

Submitted On:

08/01/2013 12:14 AM

Subject:

Objection dated July 8, 2013

Comments:

Hello, Cathy,

As you requested, I'm attaching a note to document that we spoke by phone on July 12 and confirmed that we would be okay to submit our response on Monday, July 15. Thank you for your understanding in this matter.

Dave Sigley

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Note To Filer

Created By:

Cathy Gilliland on 06/17/2013 09:43 AM

Last Edited By:

Nichole Boggess

Submitted On:

08/01/2013 12:14 AM

Subject:

binder

Comments:

please provide the binder and binder # for this rate filing.

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: PPACA Individual Dental

Project Name/Number: /

Post Submission Update Request Processed On 07/01/2013

Status: Disallowed

Created By: David Sigley

Processed By: Cathy Gilliland

Comments: new products are file and use

General Information:

Field Name	Requested Change	Prior Value
Requested Filing Mode	Review & Approval	

State: Colorado **Filing Company:** Colorado Dental Service dba Delta Dental of Colorado

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: PPACA Individual Dental

Project Name/Number: /

Post Submission Update Request Processed On 07/26/2013

Status: Allowed

Created By: David Sigley

Processed By: Cathy Gilliland

Comments:

General Information:

Field Name	Requested Change	Prior Value
Requested Filing Mode	File & Use	

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Form Schedule

Lead Form Number: Voluntary 2011								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Family Plan - Mesa	DDCO-01-0004	POLA	Other	No action		
2		Family Plan - High Mesa	DDCO-01-0005	POLA	Other	No action		
3		Family Plan - Summit	DDCO-01-0006	POLA	Other	No action		
4		Child Plan - Mesa	DDCO-01-0007	POLA	Other	No action		
5		Child Plan - Summit	DDCO-01-0008	POLA	Other	No action		
6		Classic Plan	DDCO-01-0009	POLA	Other	No action		
7		Enhanced Plan	DDCO-01-0010	POLA	Other	No action		
8		PPO Direct	DDCO-01-0011	POLA	Other	No action		
9		PPO Plus	DDCO-01-0012	POLA	Other	No action		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	4.200%
Effective Date of Last Rate Revision:	01/01/2013
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Colorado Dental Service dba Delta Dental of Colorado	0.000%	0.000%	\$0	16,955	\$6,143,556	0.000%	0.000%

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Tables	DDCO-01-0009, DDCO-01-0010, DDCO-01-0011, DDCO-01-0012	Revised	Previous State Filing Number: DDCO-128743037 Percent Rate Change Request:	Individual Rates - Modified Plans.pdf,
2		Exchange Plan Rate Tables	DDCO-01-0004, DDCO-01-0005, DDCO-01-0006, DDCO-01-0007, DDCO-01-0008	New		Individual Rates - Exchange Plans.pdf,

Table of Benefits and Rates - Current Delta Dental of Colorado Individual Offerings

Effective 1/1/2014

Benefit Design

	Classic Plan	Enhanced Plan
HIOS Plan ID	28052CO0090001	28052CO0090002
High or Low Pediatric	Low	High
New Plan or Mod?	Mod	Mod
Line of Business	Individual	Individual
On/Off Exchange	Off	Off
Network	PPO Plus Premier	PPO Plus Premier
Plan Type	PPO	PPO
Deductible	\$50	\$50
Apply ded to	Basic/Major	Basic/Major
OOP Max (Under 19 Only)	\$700	\$700
Annual Max (Adult Only)	\$1,000	\$1,000
Class I	80%	100%
Class II	50%	80%
Class III	50%	50%
Ortho Offered?	No	No
Surgery/Endo/Perio	Major	Major
Waiting Pd (Adult)		
Basic	12 Month	12 Month
Major	12 Month	12 Month
Waiting Pd (Pediatric)		
Basic	12 Month	None
Major	12 Month	12 Month
Pediatric*	No Change	No Change

PPO Direct	PPO Plus
28052CO0090003	28052CO0090004
High	High
Mod	Mod
Individual	Individual
Off	Off
PPO Only	PPO Plus Premier
EPO	PPO
\$75	\$50
Basic/Major	Basic/Major
\$700	\$700
\$1,000	\$1,500
100%	100%/90%
70%	80%/70%
30%	50%/40%
No	No
Major	Major
6 Month	6 Month
12 Month	12 Month
6 Month	6 Month
12 Month	12 Month
No Change	\$0 Deductible

Clear Plan (Adult Only)
N/A
N/A
Mod
Individual
Off
PPO Plus Premier
PPO
\$0
Basic/Major
N/A
None
Varies (Copay)
Varies (Copay)
Varies (Copay)
No
Major
None
None
None
None
No Change

Pediatric

	Classic Plan	Enhanced Plan
Deductible	\$50	\$50
Apply ded to	Basic/Major	Basic/Major
OOP Max	\$700	\$700
Class I	80%	100%
Class II	50%	80%
Class III	50%	50%

PPO Direct	PPO Plus
\$0	\$50
Basic/Major	Basic/Major
\$700	\$700
100%	100%/90%
70%	80%/70%
30%	60%*

Clear Plan (Adult Only)
N/A
N/A
N/A
N/A
N/A
N/A

*Added to meet EHB requirements

Price

Region 1		
Subscriber	\$42.00	\$45.00
Subscriber + 1	\$76.00	\$80.00
Subscriber + 2	\$118.00	\$125.00
Region 2		
Subscriber	\$40.00	\$42.00
Subscriber + 1	\$72.00	\$76.00
Subscriber + 2	\$112.00	\$119.00

Tier		
Subscriber	\$32.00	\$41.00
Subscriber + 1	\$59.00	\$76.00
Subscriber + 2	\$82.00	\$106.00

Age Band	Region 1
19 - 25	\$28.00
26 - 50	\$32.00
51 +	\$45.00

Age Band	Region 2
19 - 25	\$27.00
26 - 50	\$30.00
51 +	\$43.00

Table of Benefits and Rates - New Delta Dental of Colorado Individual Offerings

Effective 1/1/2014

Benefit Design

HIOS Plan ID

High or Low Pediatric
New Plan or Mod?
Line of Business
On/Off Exchange
Network
Plan Type
Deductible
Apply ded to
OOP Max (Under 19 Only)
Annual Max (Adult Only)
Class I
Class II
Class III
Ortho Offered?
Surgery/Endo/Perio
Waiting Pd (Adult)

Waiting Pd (Pediatric)

	Delta Dental Child Plan - Mesa	Delta Dental Child Plan - Summit	Delta Dental Family Plan - High Mesa	Delta Dental Family Plan - Summit	Delta Dental Family Plan - Mesa
	28052CO0020001	28052CO0020002	28052CO0020003	28052CO0020004	28052CO0020005
	Low	High	Low	High	High
	New	New	New	New	New
	Individual	Individual	Individual	Individual	Individual
	Both	Both	On	On	On
	PPO Only	PPO Only	PPO Only	PPO Only	PPO Only
	EPO	EPO	EPO	EPO	EPO
	\$50	\$50	\$50	\$50	\$50
	Basic/Major	Basic/Major	Basic/Major	Basic/Major	Basic
	\$700	\$700	\$700	\$700	\$700
	N/A	N/A	\$1,000	\$2,000	\$1,000
	80%	100%	80%	100%	100%
	60%	80%	50%	80%	60%
	50%	50%	50%	50%	0%
	No	No	No	No	No
	Major	Major	Major	Major	Major
Basic	N/A	N/A	12 Month	12 Month	6 Month
Major	N/A	N/A	12 Month	12 Month	N/A
Basic	None	None	None	None	None
Major	12 Month	12 Month	12 Month	12 Month	12 Month
Pediatric	N/A	N/A	No Change	No Change	100%/60%/60%

Pediatric

Deductible
Apply ded to
OOP Max
Class I
Class II
Class III

Delta Dental Child Plan - Mesa	Delta Dental Child Plan - Summit	Delta Dental Family Plan - High Mesa	Delta Dental Family Plan - Summit	Delta Dental Family Plan - Mesa
\$50	\$50	\$50	\$50	\$50
Basic/Major	Basic/Major	Basic/Major	Basic/Major	Basic
\$700	\$700	\$700	\$700	\$700
80%	100%	80%	100%	100%
60%	80%	50%	80%	60%
50%	50%	50%	50%	60%*

*Added to meet EHB requirements

Price

Per child (0 - 20)
Per adult (21 and older)

\$22.50	\$25.50	\$20.50	\$25.50	\$24.25
N/A	N/A	\$26.75	\$33.75	\$16.50

State:	Colorado	Filing Company:	Colorado Dental Service dba Delta Dental of Colorado
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	PPACA Individual Dental		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	HR-1 Form (H)
Comments:	
Attachment(s):	HR-1Ind.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual (v6).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	Individual Certification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Value Justification
Comments:	
Attachment(s):	Description of the Actuarial Value Calculation - Individual.pdf
Item Status:	
Status Date:	

State Of Colorado
Health Rate Filing Form
Form HR-1

Reset Form

Must Be Completed For All Products		SERFF FILING #
1. Company: Delta Dental of Colorado		
2. Person Responsible For Filing: David Sigley	3. Title: Director of Analytics	
4. Address Of Responsible Person: 4582 South Ulster S	5. Telephone #: (303) 889-8661 ext.	
6. Email Address: dsigley@ddpco.com		
7. Type Of Coverage: PPO Other :		
8. Medicare Supplement: N/A Not Applicable <input type="checkbox"/>		
(1) Prestandardized Plan(s): (2) Standardized Plan(s): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> JHD <input type="checkbox"/> K <input type="checkbox"/> L (3) 2010 Plans: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N		
9. Sub Category: Individual		
10. A. Group Information: Select One Select One Select One Select One B. Name of association or trust (<i>if applicable</i>): C. Description of discretionary group(<i>if applicable</i>):		
11. Colorado State Code(s): 850 Individual Select One <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Select One Select One Select One </div>		
12. Brief Filing Description (Disability, Major Medical, LTC, Etc. Also Describe All Methodology Changes.): <p style="text-align: center; color: red;">Individual dental insurance new product offering and PPACA plan changes</p>		
13. Reason For Filing: Increase In Benefits? Reduction In Benefits? Increase in Profits? Change Needed To Meet Projected Losses? Trend Only? Change In Rating Methodology? New Product (Initial Offering As Opposed To Rate Revision)? Other? (If other, please explain)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="width: 45%;"> <input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No </div> </div>	
14. Policy Form(s) Affected: Voluntary 2011, Voluntary 2014, Classic Contract, Enhanced Contr		

15. If Rider Or Endorsement, Type Of Benefits? N/A		
16. Closed Block(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date Block Closed:		
17. Number Of Colorado Covered Lives (Including Employees And Dependents): 16955		
18. A. Rating Period: Annual From 1/1/2014 To 12/31/2014 B. Experience Period: From 4/1/2012 To 3/31/2013 C. Reason for Rate Change: PPACA Compliance D. Average Change In Rates From One Year Prior To Effective Date: 0.00%		<input type="checkbox"/> N/A (New Product)
19. A. Rate Change Without Trend: 0.00% B. Trend for Rating Period (if trend factor is used in rates): 0.00% C. Overall Rate Impact Change: 0.00%		
20. A. Current Underlying Annualized Trend Assumption (If Applicable): 4.00% B. Requested Underlying <i>Annualized</i> Trend Assumption (If Applicable): 4.00%		
21. A. What Is The Maximum Rate Change That Can Affect A Policyholder? 0.00% B. What Is The Minimum Rate Change That Can Affect A Policyholder? 0.00% (If the selected rate change differs from the indicated rate change, please fully detail in the actuarial memorandum in section 6K.)		
Benefits Ratios (On Colorado only basis)		
22. A. Targeted Benefits Ratio over Rating Period (assumed in calculation of rates): 74.32%		
B. Actual Benefits Ratio over Experience Period: 78.00%		<input type="checkbox"/> N/A (New Product)
23. A. Projected Benefits Ratio With Rate Change over Rating Period 74.32% B. Projected Benefits Ratio Without Rate Change over Rating Period 74.32%	<input type="checkbox"/> Colorado <input type="checkbox"/> Colorado/Nationwide <input type="checkbox"/> Nationwide Basis	<input type="checkbox"/> N/A (New Product)
(If projected benefits ratios on a Colorado only basis are not available, then ratios developed on a blended Colorado/Nationwide or Nationwide basis are acceptable. Please indicate above.)		
24. Proposed Effective Date: 01/01/2014		
25. A. Total Annual Colorado Written Premium Before Change(s): \$ 6143556 B. Total Annual Colorado Written Premium After Change(s): \$ 6143556 C. Written Premium Change For This Product (Net Change): \$ 0		<input type="checkbox"/> N/A (New Product)
26. A. Effective Date of Previous Rate Filing for this Form (including initial filing): 1/1/2013 B. Previous SERFF Filing Number(s): DDCO-128743037 C. Overall Percentage of Last Rate Change for Affected Policy Forms: 4.20%		<input type="checkbox"/> N/A (New Product)
27. Experience Provided: <input type="checkbox"/> Nationwide <input checked="" type="checkbox"/> Colorado 3-4 Years <input type="checkbox"/> other (specify)		<input type="checkbox"/> N/A (New Product)
28. Small Group Filings Only: Unique Single Index Rate (Effective For All Small Group Plans):		

**Delta Dental Plan of Colorado
Individual Dental Plans
PPACA Dental Filing
Actuarial Memorandum
Effective 1/1/2014**

A. Summary

1. The purpose of this rate filing is to file benefit designs and rates for five new individual plans effective 1/1/2014. This filing also contains rates for Delta Dental's existing individual plan designs. We are not making any change to current rates, although modifications to current plans have been filed under separate cover. Designs and rates have been submitted in Exhibit B.
2. The proposed rates reflect no change to current rates.
3. Individual dental products will be sold directly and through the Colorado Exchange. Members may be assisted by information provided by the following channels:
 - DDCO website
 - Solicitation of former group members
 - Broker house website links
4. Premium rates for the new plans vary by plan and age. Rates for the Classic and Enhanced plan are on a 3-tier basis and vary by plan, family composition, and geographic area. Rates for the PPO Direct and PPO Plus plans are set on a 3-tier basis and vary by plan family composition. Rates for the Clear Plan varies by age and geographic area.
5. Product description

The new individual plans are EPO plans – a limited network option that provides coverage for services provided by PPO dentists only. Charges for services provided by non-PPO dentists are denied in full, and become the member's liability.

Current plans cover a variety of network arrangements. Based on the agreement reached between the dentist and DDCO, dentists fall into three categories:

- **Delta Dental PPO dentists**
Delta Dental PPO dentists have signed contractual agreements with DDCO and agree to accept the PPO fee schedule as payment in full.
- **Delta Dental Premier dentists**
Delta Dental Premier dentists have signed contractual agreements with DDCO and agree to limit their charges to DDCO's Maximum Plan Allowance (MPA). Premier dentists are paid based on the PPO fee schedule, and are permitted to charge patients the difference between the PPO fee schedule and their billed charge up to DDCO's MPA.
- **Non-Participating dentists.**
Non-Participating dentists are also paid based on the PPO fee schedule, and are permitted to charge patients the difference between the PPO fee schedule and their billed charges, not subject to DDCO's MPA. For Non-Participating dentists, however, DDCO does not reimburse the dentist directly. Rather, the subscriber will need to submit a claim form to DDCO for reimbursement.

The Delta Dental PPO Plan is an EPO network option. Eligible members received benefits for covered services provided by a Delta Dental PPO dentist. In addition to Delta Dental PPO dentists, eligible members in the PPO Plus, Classic, Enhanced, and Clear plans also receive benefits for covered services provided by Delta Dental Premier and Non-Participating dentists.

6. Forms impact: Voluntary 2011, Voluntary 2014, Classic Contract, Enhanced Contract, Clear Contract
7. Premiums vary by age due to the requirement of the ACA that pediatric members have additional benefits. Members under the age of 19 will pay the pediatric premium rate; 19 and over the adult premium rate.
8. Renewability provision: individual policies are guaranteed renewable.

B. Assumption, Acquisition or Merger

The products included in this rate filing were not part of an assumption, acquisition or merger of policies from/with another company.

C. Rating Period

The rates will be applied to policy effective dates between 1/1/2014 and 12/31/2014.

D. Underwriting

This product is issued to individuals who are domiciled in the State of Colorado. No underwriting adjustments are applied.

E. Effect of law Changes:

Current plans will be modified in response to requirements established in the Accountable Care Act. This includes the removal of annual limits, addition of out of pocket maximums, and the satisfaction of actuarial value requirements for pediatric plans.

F. Rate History

The table below summarizes the rate filings during the past three years for these products.

Effective Date	Description	Average Increase	Minimum Increase	Maximum Increase
1/1/2014	Annual Rate Filing	0.0%	0.0%	0.0%
1/1/2013	Annual Rate Filing	4.2%	5.1%	3.2%
1/1/2012	Annual Rate Filing	0.0%	8.3%	9.7%

The cumulative impact of rate increases in the past 12 months is an increase of 0.0%.

G. Coordination of Benefits

No separate adjustment for coordination of benefits was applied to the premium rates because dual coverage is not permitted.

H. Relationship of Benefits to Premium

Administrative expenses amount to 25.68% of premium. The components of the retention are laid out below, along with a comparison of the most recent cost allocation for the individual plans. Note that our financial statements do not differentiate by line of business, so a separate cost allocation had to be performed to calculate these values.

Component	Pricing Target	Actual Historical
Administration	17.40%	17.40%
Commissions	5.28%	7.20%
ACA Fees	2.50%	0.00%
Risk Margin	3.57%	5.50%
Total	28.75%	30.1%

The ACA fees consist of the federal insurer tax, estimated at 2.5% of premium. Given the size of our current block of business, we do not expect a substantial portion of 2014 enrollment to come from the Exchange. As such, no explicit adjustment was made to rates for the 1.4% Colorado Exchange Fee. We anticipate that the amount of these fees can easily be absorbed within the risk margin. Note that Delta Dental of Colorado does not pay premium or income taxes.

The reduction in commissions is expected due to changes in distribution channels and expected renegotiation of certain broker arrangements. Recent margin was higher than anticipated, but the fact that we are holding rates at the current level should reduce that margin in 2014.

I. Lifetime Loss Ratio

The rates of dental products are determined annually. As such, a lifetime loss ratio is not applicable.

J. Provision for Profit and Contingencies

3.0% of premium is included in retention for profit and contingencies.

K. Complete Description as to How the Proposed Rates were Determined

The rates for all five plan designs were based on actual experience incurred during the time period April 2012 through March 2013 by members enrolled in existing individual products. Claims were projected forward to 1/1/2014 at an annual trend rate of 4% and were adjusted for benefits. Premiums were calculated by applying the required retention percentage of 28.75% to claims. The projected loss ratio for the rating period is 71.25%.

Pediatric benefits were designed to achieve the required 70% and 85% actuarial values (AVs) for the pediatric population only. The actuarial value was calculated as the ratio of the estimated claims cost paid by the plan PMPM divided by the allowed claims PMPM, for services performed in-network only. A separate actuarial value certification has been submitted with this filing.

The table below shows the allowed claims during the experience period for children and adults.

Member Type	Allowed Claims	Member Months	Allowed Claims (PMPM)
Adult	\$288,937	148,978	\$34.73
Pediatric	\$89,144	44,201	\$22.88
Total	\$378,081	193,179	\$32.02

For each plan, the actuarial value was calculated for both adults and children. Because the mix of services differs materially between adults and children and each class of services is covered at a different coinsurance level, the actuarial value is considerably different for each age group. For example, 63.5% of allowed claims for children are in the diagnostic/preventive category, compared to only 32.7% for adults. Because these services are covered at a higher coinsurance than basic and major services, the actuarial value for children is generally higher than for adults.

The tables below show the calculation of the Exchange plan rates. Allowed claims were trended from the experience period to 2014 at an annual rate of 4%. The individual plans reflected in the experience period contain a combination of claims from the PPO network and the Premier network. Because the new plans use the PPO network exclusively, the allowed claims were reduced by 10% to reflect the anticipated savings from the higher network discounts.

The adjusted allowed claims were then multiplied by the actuarial value (pediatric or adult) to estimate paid claims.

Pediatric	Delta Dental Child Plan - Mesa	Delta Dental Child Plan - Summit	Delta Dental Family Plan - High Mesa	Delta Dental Family Plan - Summit	Delta Dental Family Plan - Mesa
PMPM Allowed	\$22.88	\$22.88	\$22.88	\$22.88	\$22.88
Trend	1.071	1.071	1.071	1.071	1.071
Network Adjustment	0.900	0.900	0.900	0.900	0.900
Benefits	0.704	0.869	0.685	0.869	0.847
Utilization	1.03	0.95	0.97	0.95	0.92
Paid Claims	\$16.03	\$18.17	\$14.61	\$18.17	\$17.27
Retention	28.75%	28.75%	28.75%	28.75%	28.75%
Required premium	\$22.50	\$25.50	\$20.50	\$25.50	\$24.25

Adult					
PMPM Allowed			\$34.73	\$34.73	\$34.73
Trend			1.07	1.07	1.07
Network Adjustment			0.900	0.900	0.900
Benefits			0.593	0.701	0.410
Utilization			0.96	1.02	0.86
Paid Claims			\$19.06	\$24.05	\$11.75
Retention			28.75%	28.75%	28.75%
Required premium	N/A	N/A	\$26.75	\$33.75	\$16.50

L. Trend

4% underlying trend is assumed in pricing.

Experience Period	Paid Claims	IBNR	Incurred Claims	Average covered lives	Incurred Claims (PMPM)	Annual Trend
1/1/10-12/31/10	\$2,017,231	\$0	\$2,017,231	8,232	\$20.42	
1/1/11-12/31/11	\$2,540,444	\$0	\$2,540,444	13,011	\$16.27	-20.3%
1/1/12-12/31/12	\$3,717,907	\$1,370	\$3,719,277	14,786	\$20.96	28.8%

The annualized trend from 2010 to 2012 is 1.3% with annual trends varying significantly in each year. The 4% projected trend is based on the following assumptions:

Unit Cost Trend: 1.50%
Utilization Trend: 2.46%
Combined Trend: 4.00%

Delta Dental uses fixed fee schedules and the unit cost increase is our best estimate for the increases to be implemented in 2014. The utilization trend is based on the anticipated change in risk characteristics due to the ACA. Note that this trend is used solely for projection purposes and setting rates for the new standalone plans as we are not increasing rates on existing plans at this time.

M. Credibility

The proposed rates are based on Colorado data from 4/1/2012 through 3/31/2013 including total 11,761 life years and 30,373 claims which meet the Colorado full credibility standard.

N. Data requirements

Below is a summary of the experience for these policies for the past three years.

Experience Period	Earned Premium*	Incurred Claims	Benefits Ratio	Average covered lives	Average number of policyholders
1/1/10-12/31/10	\$2,689,747	\$2,017,231	75.00%	8,232	4,197
1/1/11-12/31/11	\$3,099,103	\$2,540,444	81.97%	13,011	6,682
1/1/12-12/31/12	\$5,318,572	\$3,719,277	69.93%	14,786	7,576
1/1/13-3/31/13	\$1,535,889	\$1,045,323	68.06%	16,955	8,698
4/1/12 – 3/31/13	\$5,551,391	\$3,978,249	71.66%	16,098	8,254

O. Side-by-Side Comparison

This filing does not affect the currently filed rates. The rates shown in the Rates and Benefits exhibit reflect no change to current rates.

P. Benefits Ratio Projections

The table below shows the expected impact of the benefit and rate changes. Note that we are not proposing changes to premiums at this time. However, we do expect the proposed benefit modifications to increase claims by approximately 1.077%.

	Before Changes	After Changes
Premiums	\$6,143,556	\$6,143,556
Claims	\$4,612,881	\$4,662,562
Loss Ratio	75.1%	75.9%

The tables below show the calculation of projected premium and claims.

(A) Current Premium (PMPM)	\$30.20	
(B) Current Enrollment	16,955	
(C) Total Premium (Before Changes)	\$6,143,556	(A) x (B) x 12
(D) Impact of Rate Changes	0%	
(E) Projected Premium (After Changes)	\$6,143,556	(C) x (1+(D))

(A) Claims Incurred CY 2012 (PMPM)	\$20.96	
(B) Assumed Trend	4.0%	
(C) 2012 Claims Trended to 2014 (PMPM)	\$22.67	(A) x (1 + (B))^2
(D) Current Enrollment	16,955	
(E) Projected Claims (Before Changes)	\$4,612,881	(C) x (D) x 12
(F) Expected Impact of Benefit Modifications	1.077%	
(G) Expected Claims (After Changes)	\$4,662,562	(E) x (1+(F))

Note that the projected loss ratio differs from the anticipated loss ratio of 71.25% for the new products discussed above. We anticipate that the new products will produce this target loss ratio.

Q. Other Factors

Rates are not determined using rating factors.

R. Rating manuals and underwriting guidelines

Individual products are rated using a rate table. They are issued to individuals, domiciled in the State of Colorado. No underwriting adjustments are applied.

June 14, 2013

To the Insurance Division of the State of Colorado

ACTUARIAL CERTIFICATION
Delta Dental of Colorado
Individual Dental Insurance Rate Revision Request
RATE EFFECTIVE DATE: January 1, 2014

Identification

I, David Sigley, am an employee of Delta Dental of Colorado and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for Statements of Actuarial Opinion with respect to nonprofit hospital and health service corporations and am familiar with the specific requirements of Colorado Law regarding the rating and underwriting of health benefit plans, including dental plans.

Scope and Opinion

I certify that the methods used to develop the individual rates are actuarially sound and that the resulting rates are in compliance with Colorado insurance law §10-16-107 and Amended Regulation 4-2-

11. In my opinion, the rates proposed in this filing are reasonable in relation to the level of benefits provided and the observed claim and expense experience and are not excessive, inadequate or unfairly discriminatory. This statement of opinion is solely for the use of certifying compliance with the cited statutory regulations, and is not intended for other purposes.



David M. Sigley, FSA, MAAA
Director of Analytics

Delta Dental of Colorado
4582 South Ulster Street, Suite 800
Denver, CO 80211
(303) 889-8661
dsigley@ddpco.com

Description of the Actuarial Value Calculation

The actuarial value for the proposed pediatric benefits were based on Delta Dental of Colorado's individual claim experience incurred January 2012 through December 2012. Because the essential health benefit component of the dental plans only impacts pediatric benefits, only claims for those under age 19 were included. This data includes a total of 42,531 member months with an allowed claim total of \$973,241, or \$22.88 PMPM.

Claims were grouped by procedure code and the appropriate coinsurance for each benefit was applied to the allowed totals to estimate a paid amount after coinsurance. An additional adjustment was applied for the impact of the plan deductible.

The data used is implicitly limited by the current annual plan maximums, which do not apply to the new benefits. We expect total allowed claims to increase due to the removal of these limits. Because these estimates were used to determine actuarial value, rather than for pricing, it was assumed that the percentage paid for claims above the maximums would be essentially the same as the percentage paid below the maximums. Hence, the impact on actuarial value due to these additional claims would be de minimis.

The only exception to this assumption was due to the implementation of an out-of-pocket maximum on the new plans. We expect this will result in some portion of the claims above the maximums being paid at 100% rather than the plan coinsurance. We have no claim data to support the impact of these increased payments, so an assumption of a 1% increase to paid claims was used.

Using the assumptions above, a paid claim amount was calculated for each pediatric plan design. The PMPM paid claims were then divided by the PMPM allowed claims. The resulting ratio was determined to be the actuarial value for the plan.

As requested, the table below shows the actuarial value calculation for the Family Plan – Mesa and Family Plan – Summit.

Family Plan – Mesa

Benefit	Allowed PMPM	Coinsurance	Paid PMPM
Diagnostic & Preventive	\$14.53	100%	\$14.53
Basic Services	\$4.47	60%	\$2.68
Major Services	\$3.88	60%	\$2.33
Total	\$22.88		\$19.54
Adjustment for Deductible			-1.8%
Adjustment for OOP Maximum			1.0%
Adjusted Paid			\$19.38
Actuarial Value (Adjusted Paid/Total Allowed)			84.7%

Family Plan – Summit

Benefit	Allowed PMPM	Coinsurance	Paid PMPM
Diagnostic & Preventive	\$14.53	100%	\$14.53
Basic Services	\$4.47	80%	\$3.58
Major Services	\$3.88	50%	\$1.94
Total	\$22.88		\$20.05
Adjustment for Deductible			-1.8%
Adjustment for OOP Maximum			1.0%
Adjusted Paid			\$19.89
Actuarial Value (Adjusted Paid/Total Allowed)			86.9%

SERFF Tracking #:

DDCO-129076981

State Tracking #:

279006

Company Tracking #:

State: Colorado

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: PPACA Individual Dental

Project Name/Number: /

Filing Company:

Colorado Dental Service dba Delta Dental of Colorado

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/22/2013		Supporting Document	Actuarial Memorandum	07/29/2013	Actuarial Memorandum - Individual (v5).pdf (Superceded)
07/17/2013		Supporting Document	Actuarial Memorandum	07/22/2013	Actuarial Memorandum - Individual (v4).pdf (Superceded)
07/16/2013		Rate	Exchange Plan Rate Tables	07/22/2013	Individual Rates - Exchange Plans.pdf (Superceded)
07/15/2013		Supporting Document	Actuarial Memorandum	07/17/2013	Actuarial Memorandum - Individual (v3).pdf (Superceded)
06/28/2013		Supporting Document	Actuarial Memorandum	07/15/2013	Actuarial Memorandum - Individual (v2).pdf (Superceded)
06/14/2013		Supporting Document	Actuarial Memorandum	06/28/2013	Actuarial Memorandum - Individual.pdf (Superceded)
06/14/2013		Rate	Rate Tables	07/22/2013	DDCO Individual Rate Manual.pdf (Superceded)
06/14/2013		Form	Voluntary 2011	07/22/2013	
06/14/2013		Form	Voluntary 2014	07/22/2013	
06/14/2013		Form	Classic Contract	07/22/2013	
06/14/2013		Form	Enhanced Contract	07/22/2013	
06/14/2013		Form	Clear Contract	07/22/2013	

**Delta Dental Plan of Colorado
Individual Dental Plans
PPACA Dental Filing
Actuarial Memorandum
Effective 1/1/2014**

A. Summary

1. The purpose of this rate filing is to file benefit designs and rates for five new individual plans effective 1/1/2014. This filing also contains rates for Delta Dental's existing individual plan designs. We are not making any change to current rates, although modifications to current plans have been filed under separate cover. Designs and rates have been submitted in Exhibit B.
2. The proposed rates reflect no change to current rates.
3. Individual dental products will be sold directly and through the Colorado Exchange. Members may be assisted by information provided by the following channels:
 - DDCO website
 - Solicitation of former group members
 - Broker house website links
4. Premium rates for the new plans vary by plan and age. Rates for the Classic and Enhanced plan are on a 3-tier basis and vary by plan, family composition, and geographic area. Rates for the PPO Direct and PPO Plus plans are set on a 3-tier basis and vary by plan family composition. Rates for the Clear Plan varies by age and geographic area.
5. Product description

The new individual plans are EPO plans – a limited network option that provides coverage for services provided by PPO dentists only. Charges for services provided by non-PPO dentists are denied in full, and become the member's liability.

Current plans cover a variety of network arrangements. Based on the agreement reached between the dentist and DDCO, dentists fall into three categories:

- **Delta Dental PPO dentists**
Delta Dental PPO dentists have signed contractual agreements with DDCO and agree to accept the PPO fee schedule as payment in full.
- **Delta Dental Premier dentists**
Delta Dental Premier dentists have signed contractual agreements with DDCO and agree to limit their charges to DDCO's Maximum Plan Allowance (MPA). Premier dentists are paid based on the PPO fee schedule, and are permitted to charge patients the difference between the PPO fee schedule and their billed charge up to DDCO's MPA.
- **Non-Participating dentists.**
Non-Participating dentists are also paid based on the PPO fee schedule, and are permitted to charge patients the difference between the PPO fee schedule and their billed charges, not subject to DDCO's MPA. For Non-Participating dentists, however, DDCO does not reimburse the dentist directly. Rather, the subscriber will need to submit a claim form to DDCO for reimbursement.

The Delta Dental PPO Plan is an EPO network option. Eligible members received benefits for covered services provided by a Delta Dental PPO dentist. In addition to Delta Dental PPO dentists, eligible members in the PPO Plus, Classic, Enhanced, and Clear plans also receive benefits for covered services provided by Delta Dental Premier and Non-Participating dentists.

6. Forms impact: Voluntary 2011, Voluntary 2014, Classic Contract, Enhanced Contract, Clear Contract
7. Premiums vary by age due to the requirement of the ACA that pediatric members have additional benefits. Members under the age of 19 will pay the pediatric premium rate; 19 and over the adult premium rate.
8. Renewability provision: individual policies are guaranteed renewable.

B. Assumption, Acquisition or Merger

The products included in this rate filing were not part of an assumption, acquisition or merger of policies from/with another company.

C. Rating Period

The rates will be applied to policy effective dates between 1/1/2014 and 12/31/2014.

D. Underwriting

This product is issued to individuals who are domiciled in the State of Colorado. No underwriting adjustments are applied.

E. Effect of law Changes:

Current plans will be modified in response to requirements established in the Accountable Care Act. This includes the removal of annual limits, addition of out of pocket maximums, and the satisfaction of actuarial value requirements for pediatric plans.

F. Rate History

The table below summarizes the rate filings during the past three years for these products.

Effective Date	Description	Average Increase	Minimum Increase	Maximum Increase
1/1/2014	Annual Rate Filing	0.0%	0.0%	0.0%
1/1/2013	Annual Rate Filing	4.2%	5.1%	3.2%
1/1/2012	Annual Rate Filing	0.0%	8.3%	9.7%

The cumulative impact of rate increases in the past 12 months is an increase of 0.0%.

G. Coordination of Benefits

No separate adjustment for coordination of benefits was applied to the premium rates because dual coverage is not permitted.

H. Relationship of Benefits to Premium

Administrative expenses amount to 25.68% of premium. The components of the retention are laid out below, along with a comparison of the most recent cost allocation for the individual plans. Note that our financial statements do not differentiate by line of business, so a separate cost allocation had to be performed to calculate these values.

Component	Pricing Target	Actual Historical
Administration	17.40%	17.40%
Commissions	5.28%	7.20%
ACA Fees	3.07%	0.00%
Risk Margin	3.00%	5.50%
Total	28.75%	30.1%

The ACA fees consist of the federal insurer tax, estimated at 2.5% of premium, and an estimated fee of \$0.18 PMPM to fund Connect for Health Colorado. This amount is based on the maximum amount defined in Colorado Law. Note that Delta Dental of Colorado does not pay premium or income taxes.

The reduction in commissions is expected due to changes in distribution channels and expected renegotiation of certain broker arrangements. Recent margin was higher than anticipated, but the fact that we are holding rates at the current level should reduce that margin in 2014.

I. Lifetime Loss Ratio

The rates of dental products are determined annually. As such, a lifetime loss ratio is not applicable.

J. Provision for Profit and Contingencies

3.0% of premium is included in retention for profit and contingencies.

K. Complete Description as to How the Proposed Rates were Determined

The rates for all five plan designs were based on actual experience incurred during the time period April 2012 through March 2013 by members enrolled in existing individual products. Claims were projected forward to 1/1/2014 at an annual trend rate of 4% and were adjusted for benefits. Premiums were calculated by applying the required retention percentage of 28.75% to claims. The projected loss ratio for the rating period is 71.25%.

Pediatric benefits were designed to achieve the required 70% and 85% actuarial values (AVs) for the pediatric population only. The actuarial value was calculated as the ratio of the estimated claims cost paid by the plan PMPM divided by the allowed claims PMPM, for services performed in-network only. A separate actuarial value certification has been submitted with this filing.

The table below shows the allowed claims during the experience period for children and adults.

Member Type	Allowed Claims	Member Months	Allowed Claims (PMPM)
Adult	\$288,937	148,978	\$34.73
Pediatric	\$89,144	44,201	\$22.88
Total	\$378,081	193,179	\$32.02

For each plan, the actuarial value was calculated for both adults and children. Because the mix of services differs materially between adults and children and each class of services is covered at a different coinsurance level, the actuarial value is considerably different for each age group. For

example, 63.5% of allowed claims for children are in the diagnostic/preventive category, compared to only 32.7% for adults. Because these services are covered at a higher coinsurance than basic and major services, the actuarial value for children is generally higher than for adults.

The tables below show the calculation of the Exchange plan rates. Allowed claims were trended from the experience period to 2014 at an annual rate of 4%. The individual plans reflected in the experience period contain a combination of claims from the PPO network and the Premier network. Because the new plans use the PPO network exclusively, the allowed claims were reduced by 10% to reflect the anticipated savings from the higher network discounts.

The adjusted allowed claims were then multiplied by the actuarial value (pediatric or adult) to estimate paid claims.

Pediatric	Delta Dental Child Plan - Mesa	Delta Dental Child Plan - Summit	Delta Dental Family Plan - High Mesa	Delta Dental Family Plan - Summit	Delta Dental Family Plan - Mesa
PMPM Allowed	\$22.88	\$22.88	\$22.88	\$22.88	\$22.88
Trend	1.071	1.071	1.071	1.071	1.071
Network Adjustment	0.900	0.900	0.900	0.900	0.900
Benefits	0.704	0.869	0.685	0.869	0.847
Utilization	1.03	0.95	0.97	0.95	0.92
Paid Claims	\$16.03	\$18.17	\$14.61	\$18.17	\$17.27
Retention	28.75%	28.75%	28.75%	28.75%	28.75%
Required premium	\$22.50	\$25.50	\$20.50	\$25.50	\$24.25

Adult					
PMPM Allowed			\$34.73	\$34.73	\$34.73
Trend			1.07	1.07	1.07
Network Adjustment			0.900	0.900	0.900
Benefits			0.593	0.701	0.410
Utilization			0.96	1.02	0.86
Paid Claims			\$19.06	\$24.05	\$11.75
Retention			28.75%	28.75%	28.75%
Required premium	N/A	N/A	\$26.75	\$33.75	\$16.50

L. Trend

4% underlying trend is assumed in pricing.

Experience Period	Paid Claims	IBNR	Incurred Claims	Average covered lives	Incurred Claims (PMPM)	Annual Trend
1/1/10-12/31/10	\$2,017,231	\$0	\$2,017,231	8,232	\$20.42	
1/1/11-12/31/11	\$2,540,444	\$0	\$2,540,444	13,011	\$16.27	-20.3%
1/1/12-12/31/12	\$3,717,907	\$1,370	\$3,719,277	14,786	\$20.96	28.8%

The annualized trend from 2010 to 2012 is 1.3% with annual trends varying significantly in each year. The 4% projected trend is based on the following assumptions:

Unit Cost Trend: 1.50%

Utilization Trend: 2.46%

Combined Trend: 4.00%

Delta Dental uses fixed fee schedules and the unit cost increase is our best estimate for the increases to be implemented in 2014. The utilization trend is based on the anticipated change in risk characteristics due to the ACA. Note that this trend is used solely for projection purposes and setting rates for the new standalone plans as we are not increasing rates on existing plans at this time.

M. Credibility

The proposed rates are based on Colorado data from 4/1/2012 through 3/31/2013 including total 11,761 life years and 30,373 claims which meet the Colorado full credibility standard.

N. Data requirements

Below is a summary of the experience for these policies for the past three years.

Experience Period	Earned Premium*	Incurred Claims	Benefits Ratio	Average covered lives	Average number of policyholders
1/1/10-12/31/10	\$2,689,747	\$2,017,231	75.00%	8,232	4,197
1/1/11-12/31/11	\$3,099,103	\$2,540,444	81.97%	13,011	6,682
1/1/12-12/31/12	\$5,318,572	\$3,719,277	69.93%	14,786	7,576
1/1/13-3/31/13	\$1,535,889	\$1,045,323	68.06%	16,955	8,698
4/1/12 – 3/31/13	\$5,551,391	\$3,978,249	71.66%	16,098	8,254

O. Side-by-Side Comparison

This filing does not affect the currently filed rates. The rates shown in the Rates and Benefits exhibit reflect no change to current rates.

P. Benefits Ratio Projections

The table below shows the expected impact of the benefit and rate changes. Note that we are not proposing changes to premiums at this time. However, we do expect the proposed benefit modifications to increase claims by approximately 1.077%.

	Before Changes	After Changes
Premiums	\$6,143,556	\$6,143,556
Claims	\$4,612,881	\$4,662,562
Loss Ratio	75.1%	75.9%

The tables below show the calculation of projected premium and claims.

(A) Current Premium (PMPM)	\$30.20	
(B) Current Enrollment	16,955	
(C) Total Premium (Before Changes)	\$6,143,556	(A) x (B) x 12
(D) Impact of Rate Changes	0%	
(E) Projected Premium (After Changes)	\$6,143,556	(C) x (1+(D))

(A) Claims Incurred CY 2012 (PMPM)	\$20.96	
(B) Assumed Trend	4.0%	
(C) 2012 Claims Trended to 2014 (PMPM)	\$22.67	(A) x (1 + (B))^2
(D) Current Enrollment	16,955	
(E) Projected Claims (Before Changes)	\$4,612,881	(C) x (D) x 12
(F) Expected Impact of Benefit Modifications	1.077%	
(G) Expected Claims (After Changes)	\$4,662,562	(E) x (1+(F))

Note that the projected loss ratio differs from the anticipated loss ratio of 71.25% for the new products discussed above. We anticipate that the new products will produce this target loss ratio.

Q. Other Factors

Rates are not determined using rating factors.

R. Rating manuals and underwriting guidelines

Individual products are rated using a rate table. They are issued to individuals, domiciled in the State of Colorado. No underwriting adjustments are applied.

**Delta Dental Plan of Colorado
Individual Dental Plans
PPACA Dental Filing
Actuarial Memorandum
Effective 1/1/2014**

A. Summary

1. The purpose of this rate filing is to file benefit designs and rates for five new individual plans effective 1/1/2014. This filing also contains rates for Delta Dental's existing individual plan designs. We are not making any change to current rates, although modifications to current plans have been filed under separate cover. Designs and rates have been submitted in Exhibit B.
2. The proposed rates reflect no change to current rates.
3. Individual dental products will be sold directly and through the Colorado Exchange. Members may be assisted by information provided by the following channels:
 - DDCO website
 - Solicitation of former group members
 - Broker house website links
4. Premium rates for the new plans vary by plan and age. Rates for the Classic and Enhanced plan are on a 3-tier basis and vary by plan, family composition, and geographic area. Rates for the PPO Direct and PPO Plus plans are set on a 3-tier basis and vary by plan family composition. Rates for the Clear Plan varies by age and geographic area.
5. Product description

The new individual plans are EPO plans – a limited network option that provides coverage for services provided by PPO dentists only. Charges for services provided by non-PPO dentists are denied in full, and become the member's liability.

Current plans cover a variety of network arrangements. Based on the agreement reached between the dentist and DDCO, dentists fall into three categories:

- **Delta Dental PPO dentists**
Delta Dental PPO dentists have signed contractual agreements with DDCO and agree to accept the PPO fee schedule as payment in full.
- **Delta Dental Premier dentists**
Delta Dental Premier dentists have signed contractual agreements with DDCO and agree to limit their charges to DDCO's Maximum Plan Allowance (MPA). Premier dentists are paid based on the PPO fee schedule, and are permitted to charge patients the difference between the PPO fee schedule and their billed charge up to DDCO's MPA.
- **Non-Participating dentists.**
Non-Participating dentists are also paid based on the PPO fee schedule, and are permitted to charge patients the difference between the PPO fee schedule and their billed charges, not subject to DDCO's MPA. For Non-Participating dentists, however, DDCO does not reimburse the

dentist directly. Rather, the subscriber will need to submit a claim form to DDCO for reimbursement.

The Delta Dental PPO Plan is an EPO network option. Eligible members received benefits for covered services provided by a Delta Dental PPO dentist. In addition to Delta Dental PPO dentists, eligible members in the PPO Plus, Classic, Enhanced, and Clear plans also receive benefits for covered services provided by Delta Dental Premier and Non-Participating dentists.

6. Forms impact: Voluntary 2011, Voluntary 2014, Classic Contract, Enhanced Contract, Clear Contract
7. Premiums vary by age due to the requirement of the ACA that pediatric members have additional benefits. Members under the age of 19 will pay the pediatric premium rate; 19 and over the adult premium rate.
8. Renewability provision: individual policies are guaranteed renewable.

B. Assumption, Acquisition or Merger

The products included in this rate filing were not part of an assumption, acquisition or merger of policies from/with another company.

C. Rating Period

The rates will be applied to policy effective dates between 1/1/2014 and 12/31/2014.

D. Underwriting

This product is issued to individuals who are domiciled in the State of Colorado. No underwriting adjustments are applied.

E. Effect of law Changes:

Current plans will be modified in response to requirements established in the Accountable Care Act. This includes the removal of annual limits, addition of out of pocket maximums, and the satisfaction of actuarial value requirements for pediatric plans.

F. Rate History

The table below summarizes the rate filings during the past three years for these products.

Effective Date	Description	Average Increase	Minimum Increase	Maximum Increase
1/1/2014	Annual Rate Filing	0.0%	0.0%	0.0%
1/1/2013	Annual Rate Filing	4.2%	5.1%	3.2%
1/1/2012	Annual Rate Filing	0.0%	8.3%	9.7%

The cumulative impact of rate increases in the past 12 months is an increase of 0.0%.

G. Coordination of Benefits

No separate adjustment for coordination of benefits was applied to the premium rates because dual coverage is not permitted.

H. Relationship of Benefits to Premium

Administrative expenses amount to 25.68% of premium. The components of the retention are laid out below, along with a comparison of the most recent cost allocation for the individual plans. Note that our financial statements do not differentiate by line of business, so a separate cost allocation had to be performed to calculate these values.

Component	Pricing Target	Actual Historical
Administration	17.40%	17.40%
Commissions	5.28%	7.20%
Risk Margin	3.00%	5.50%
Total	25.68%	30.1%

The reduction in commissions is expected due to changes in distribution channels and expected renegotiation of certain broker arrangements. Recent margin was higher than anticipated, but the fact that we are holding rates at the current level should reduce that margin in 2014.

I. Lifetime Loss Ratio

The rates of dental products are determined annually. As such, a lifetime loss ratio is not applicable.

J. Provision for Profit and Contingencies

3.0% of premium is included in retention for profit and contingencies.

K. Complete Description as to How the Proposed Rates were Determined

The rates for all five plan designs were based on actual experience incurred during the time period April 2012 through March 2013 by members enrolled in existing individual products. Claims were projected forward to 1/1/2014 at an annual trend rate of 4% and were adjusted for benefits. Premiums were calculated by applying the required retention percentage of 25.68% to claims. The projected loss ratio for the rating period is 74.32%.

Pediatric benefits were designed to achieve the required 70% and 85% actuarial values (AVs) for the pediatric population only. The actuarial value was calculated as the ratio of the estimated claims cost paid by the plan PMPM divided by the allowed claims PMPM, for services performed in-network only. A separate actuarial value certification has been submitted with this filing.

The table below shows the allowed claims during the experience period for children and adults.

Member Type	Allowed Claims	Member Months	Allowed Claims (PMPM)
Adult	\$288,937	148,978	\$34.73
Pediatric	\$89,144	44,201	\$22.88
Total	\$378,081	193,179	\$32.02

For each plan, the actuarial value was calculated for both adults and children. Because the mix of services differs materially between adults and children and each class of services is covered at a different coinsurance level, the actuarial value is considerably different for each age group. For example, 63.5% of allowed claims for children are in the diagnostic/preventive category, compared to

only 32.7% for adults. Because these services are covered at a higher coinsurance than basic and major services, the actuarial value for children is generally higher than for adults.

The tables below show the calculation of the Exchange plan rates. Allowed claims were trended from the experience period to 2014 at an annual rate of 4%. The individual plans reflected in the experience period contain a combination of claims from the PPO network and the Premier network. Because the new plans use the PPO network exclusively, the allowed claims were reduced by 10% to reflect the anticipated savings from the higher network discounts.

The adjusted allowed claims were then multiplied by the actuarial value (pediatric or adult) to estimate paid claims.

Pediatric	Delta Dental Child Plan - Mesa	Delta Dental Child Plan - Summit	Delta Dental Family Plan - High Mesa	Delta Dental Family Plan - Summit	Delta Dental Family Plan - Mesa
PMPM Allowed	\$22.88	\$22.88	\$22.88	\$22.88	\$22.88
Trend	1.071	1.071	1.071	1.071	1.071
Network Adjustment	0.900	0.900	0.900	0.900	0.900
Benefits	0.704	0.869	0.685	0.869	0.847
Paid Claims	\$15.54	\$19.17	\$15.11	\$19.17	\$18.69
Retention	25.68%	25.68%	25.68%	25.68%	25.68%
Required premium	\$20.90	\$25.79	\$20.33	\$25.79	\$25.14

Adult					
PMPM Allowed			\$34.73	\$34.73	\$34.73
Trend			1.07	1.07	1.07
Network Adjustment			0.900	0.900	0.900
Benefits			0.593	0.701	0.410
Paid Claims	N/A	N/A	\$19.86	\$23.47	\$13.73
Retention			25.68%	25.68%	25.68%
Required premium	N/A	N/A	\$26.73	\$31.58	\$18.48

L. Trend

4% underlying trend is assumed in pricing.

Experience Period	Paid Claims	IBNR	Incurred Claims	Average covered lives	Incurred Claims (PMPM)	Annual Trend
1/1/10-12/31/10	\$2,017,231	\$0	\$2,017,231	8,232	\$20.42	
1/1/11-12/31/11	\$2,540,444	\$0	\$2,540,444	13,011	\$16.27	-20.3%
1/1/12-12/31/12	\$3,717,907	\$1,370	\$3,719,277	14,786	\$20.96	28.8%

The annualized trend from 2010 to 2012 is 1.3% with annual trends varying significantly in each year. The 4% projected trend is based on the following assumptions:

Unit Cost Trend: 1.50%
Utilization Trend: 2.46%
Combined Trend: 4.00%

Delta Dental uses fixed fee schedules and the unit cost increase is our best estimate for the increases to be implemented in 2014. The utilization trend is based on the anticipated change in risk characteristics due to the ACA. Note that this trend is used solely for projection purposes and setting rates for the new standalone plans as we are not increasing rates on existing plans at this time.

M. Credibility

The proposed rates are based on Colorado data from 4/1/2012 through 3/31/2013 including total 11,761 life years and 30,373 claims which meet the Colorado full credibility standard.

N. Data requirements

Below is a summary of the experience for these policies for the past three years.

Experience Period	Earned Premium*	Incurred Claims	Benefits Ratio	Average covered lives	Average number of policyholders
1/1/10-12/31/10	\$2,689,747	\$2,017,231	75.00%	8,232	4,197
1/1/11-12/31/11	\$3,099,103	\$2,540,444	81.97%	13,011	6,682
1/1/12-12/31/12	\$5,318,572	\$3,719,277	69.93%	14,786	7,576
1/1/13-3/31/13	\$1,535,889	\$1,045,323	68.06%	16,955	8,698
4/1/12 – 3/31/13	\$5,551,391	\$3,978,249	71.66%	16,098	8,254

O. Side-by-Side Comparison

This filing does not affect the currently filed rates. The rates shown in the Rates and Benefits exhibit reflect no change to current rates.

P. Benefits Ratio Projections

The table below shows the expected impact of the benefit and rate changes. Note that we are not proposing changes to premiums at this time. However, we do expect the proposed benefit modifications to increase claims by approximately 1.077%.

	Before Changes	After Changes
Premiums	\$6,143,556	\$6,143,556
Claims	\$4,612,881	\$4,662,562
Loss Ratio	75.1%	75.9%

The tables below show the calculation of projected premium and claims.

(A) Current Premium (PMPM)	\$30.20	
(B) Current Enrollment	16,955	
(C) Total Premium (Before Changes)	\$6,143,556	(A) x (B) x 12
(D) Impact of Rate Changes	0%	
(E) Projected Premium (After Changes)	\$6,143,556	(C) x (1+(D))

(A) Claims Incurred CY 2012 (PMPM)	\$20.96	
(B) Assumed Trend	4.0%	
(C) 2012 Claims Trended to 2014 (PMPM)	\$22.67	(A) x (1 + (B)) ²
(D) Current Enrollment	16,955	
(E) Projected Claims (Before Changes)	\$4,612,881	(C) x (D) x 12
(F) Expected Impact of Benefit Modifications	1.077%	
(G) Expected Claims (After Changes)	\$4,662,562	(E) x (1+(F))

Note that the projected loss ratio differs from the anticipated loss ratio of 74.32% for the new products discussed above. We anticipate that the new products will produce this target loss ratio.

Q. Other Factors

Rates are not determined using rating factors.

R. Rating manuals and underwriting guidelines

Individual products are rated using a rate table. They are issued to individuals, domiciled in the State of Colorado. No underwriting adjustments are applied.

Table of Benefits and Rates - New Delta Dental of Colorado Individual Offerings

Effective 1/1/2014

Benefit Design

High or Low Pediatric
New Plan or Mod?
Line of Business
On/Off Exchange
Network
Plan Type
Deductible
Apply ded to
OOP Max (Under 19 Only)
Annual Max (Adult Only)
Class I
Class II
Class III
Ortho Offered?
Surgery/Endo/Perio
Waiting Pd (Adult)

	Delta Dental Child Plan - Mesa	Delta Dental Child Plan - Summit	Delta Dental Family Plan - High Mesa	Delta Dental Family Plan - Summit	Delta Dental Family Plan - Mesa
	Low	High	Low	High	High
	New	New	New	New	New
	Individual	Individual	Individual	Individual	Individual
	Both	Both	On	On	On
	PPO Only	PPO Only	PPO Only	PPO Only	PPO Only
	EPO	EPO	EPO	EPO	EPO
	\$50	\$50	\$50	\$50	\$50
	Basic/Major	Basic/Major	Basic/Major	Basic/Major	Basic
	\$700	\$700	\$700	\$700	\$700
	N/A	N/A	\$1,000	\$2,000	\$1,000
	80%	100%	80%	100%	100%
	60%	80%	50%	80%	60%
	50%	50%	50%	50%	0%
	No	No	No	No	No
	Major	Major	Major	Major	Major
Basic	N/A	N/A	12 Month	12 Month	6 Month
Major	N/A	N/A	12 Month	12 Month	N/A
Basic	None	None	None	None	None
Major	12 Month	12 Month	12 Month	12 Month	12 Month
Pediatric	N/A	N/A	No Change	No Change	100%/60%/60%

Pediatric

Deductible
Apply ded to
OOP Max
Class I
Class II
Class III

Delta Dental Child Plan - Mesa	Delta Dental Child Plan - Summit	Delta Dental Family Plan - High Mesa	Delta Dental Family Plan - Summit	Delta Dental Family Plan - Mesa
\$50	\$50	\$50	\$50	\$50
Basic/Major	Basic/Major	Basic/Major	Basic/Major	Basic
\$700	\$700	\$700	\$700	\$700
80%	100%	80%	100%	100%
60%	80%	50%	80%	60%
50%	50%	50%	50%	60%*

*Added to meet EHB requirements

Price

Per child (0 - 20)
Per adult (21 and older)

\$22.50	\$25.50	\$20.50	\$25.50	\$24.25
N/A	N/A	\$26.75	\$33.75	\$16.50

**Delta Dental Plan of Colorado
Individual Dental Plans
PPACA Dental Filing
Actuarial Memorandum
Effective 1/1/2014**

A. Summary

1. The purpose of this rate filing is to file benefit designs and rates for five new individual plans effective 1/1/2014. This filing also contains rates for Delta Dental's existing individual plan designs. We are not making any change to current rates, although modifications to current plans have been filed under separate cover. Designs and rates have been submitted in Exhibit B.
2. The proposed rates reflect no change to current rates.
3. Individual dental products will be sold directly and through the Colorado Exchange. Members may be assisted by information provided by the following channels:
 - DDCO website
 - Solicitation of former group members
 - Broker house website links
4. Premium rates for the new plans vary by plan and age. Rates for the Classic and Enhanced plan are on a 3-tier basis and vary by plan, family composition, and geographic area. Rates for the PPO Direct and PPO Plus plans are set on a 3-tier basis and vary by plan family composition. Rates for the Clear Plan varies by age and geographic area.
5. Product description

The new individual plans are EPO plans – a limited network option that provides coverage for services provided by PPO dentists only. Charges for services provided by non-PPO dentists are denied in full, and become the member's liability.

Current plans cover a variety of network arrangements. Based on the agreement reached between the dentist and DDCO, dentists fall into three categories:

- Delta Dental PPO dentists
Delta Dental PPO dentists have signed contractual agreements with DDCO and agree to accept the PPO fee schedule as payment in full.
- Delta Dental Premier dentists
Delta Dental Premier dentists have signed contractual agreements with DDCO and agree to limit their charges to DDCO's Maximum Plan Allowance (MPA). Premier dentists are paid based on the PPO fee schedule, and are permitted to charge patients the difference between the PPO fee schedule and their billed charge up to DDCO's MPA.
- Non-Participating dentists.
Non-Participating dentists are also paid based on the PPO fee schedule, and are permitted to charge patients the difference between the PPO fee schedule and their billed charges, not subject to DDCO's MPA. For Non-Participating dentists, however, DDCO does not reimburse the

dentist directly. Rather, the subscriber will need to submit a claim form to DDCO for reimbursement.

The Delta Dental PPO Plan is an EPO network option. Eligible members received benefits for covered services provided by a Delta Dental PPO dentist. In addition to Delta Dental PPO dentists, eligible members in the PPO Plus, Classic, Enhanced, and Clear plans also receive benefits for covered services provided by Delta Dental Premier and Non-Participating dentists.

6. Forms impact: Voluntary 2011, Voluntary 2014, Classic Contract, Enhanced Contract, Clear Contract
7. Premiums vary by age due to the requirement of the ACA that pediatric members have additional benefits. Members under the age of 19 will pay the pediatric premium rate; 19 and over the adult premium rate.
8. Renewability provision: individual policies are guaranteed renewable.

B. Assumption, Acquisition or Merger

The products included in this rate filing were not part of an assumption, acquisition or merger of policies from/with another company.

C. Rating Period

The rates will be applied to policy effective dates between 1/1/2014 and 12/31/2014.

D. Underwriting

This product is issued to individuals who are domiciled in the State of Colorado. No underwriting adjustments are applied.

E. Effect of law Changes:

Current plans will be modified in response to requirements established in the Accountable Care Act. This includes the removal of annual limits, addition of out of pocket maximums, and the satisfaction of actuarial value requirements for pediatric plans.

F. Rate History

The table below summarizes the rate filings during the past three years for these products.

Effective Date	Description	Average Increase	Minimum Increase	Maximum Increase
1/1/2014	Annual Rate Filing	0.0%	0.0%	0.0%
1/1/2013	Annual Rate Filing	4.2%	5.1%	3.2%
1/1/2012	Annual Rate Filing	0.0%	8.3%	9.7%

The cumulative impact of rate increases in the past 12 months is an increase of 0.0%.

G. Coordination of Benefits

No separate adjustment for coordination of benefits was applied to the premium rates because dual coverage is not permitted.

H. Relationship of Benefits to Premium

Administrative expenses amount to 25.68% of premium. The components of the retention are laid out below, along with a comparison of the most recent cost allocation for the individual plans. Note that our financial statements do not differentiate by line of business, so a separate cost allocation had to be performed to calculate these values.

Component	Pricing Target	Actual Historical
Administration	17.40%	17.40%
Commissions	5.28%	7.20%
Risk Margin	3.00%	5.50%
Total	25.68%	30.1%

The reduction in commissions is expected due to changes in distribution channels and expected renegotiation of certain broker arrangements. Recent margin was higher than anticipated, but the fact that we are holding rates at the current level should reduce that margin in 2014.

I. Lifetime Loss Ratio

The rates of dental products are determined annually. As such, a lifetime loss ratio is not applicable.

J. Provision for Profit and Contingencies

3.0% of premium is included in retention for profit and contingencies.

K. Complete Description as to How the Proposed Rates were Determined

The rates for all five plan designs were based on actual experience incurred during the time period April 2012 through March 2013 by members enrolled in existing individual products. Claims were projected forward to 1/1/2014 at an annual trend rate of 4% and were adjusted for benefits. Premiums were calculated by applying the required retention percentage of 25.68% to claims. The projected loss ratio for the rating period is 74.32%.

Pediatric benefits were designed to achieve the required 70% and 85% actuarial values (AVs) for the pediatric population only. The actuarial value was calculated as the ratio of the estimated claims cost paid by the plan PMPM divided by the allowed claims PMPM, for services performed in-network only. A separate actuarial value certification has been submitted with this filing.

L. Trend

4% underlying trend is assumed in pricing.

Experience Period	Paid Claims	IBNR	Incurred Claims	Average covered lives	Incurred Claims (PMPM)	Annual Trend
1/1/10-12/31/10	\$2,017,231	\$0	\$2,017,231	8,232	\$20.42	
1/1/11-12/31/11	\$2,540,444	\$0	\$2,540,444	13,011	\$16.27	-20.3%
1/1/12-12/31/12	\$3,717,907	\$1,370	\$3,719,277	14,786	\$20.96	28.8%

The annualized trend from 2010 to 2012 is 1.3% with annual trends varying significantly in each year. The 4% projected trend is based on the following assumptions:

Unit Cost Trend: 1.50%
Utilization Trend: 2.46%
Combined Trend: 4.00%

Delta Dental uses fixed fee schedules and the unit cost increase is our best estimate for the increases to be implemented in 2014. The utilization trend is based on the anticipated change in risk characteristics due to the ACA. Note that this trend is used solely for projection purposes and setting rates for the new standalone plans as we are not increasing rates on existing plans at this time.

M. Credibility

The proposed rates are based on Colorado data from 4/1/2012 through 3/31/2013 including total 11,761 life years and 30,373 claims which meet the Colorado full credibility standard.

N. Data requirements

Below is a summary of the experience for these policies for the past three years.

Experience Period	Earned Premium*	Incurred Claims	Benefits Ratio	Average covered lives	Average number of policyholders
1/1/10-12/31/10	\$2,689,747	\$2,017,231	75.00%	8,232	4,197
1/1/11-12/31/11	\$3,099,103	\$2,540,444	81.97%	13,011	6,682
1/1/12-12/31/12	\$5,318,572	\$3,719,277	69.93%	14,786	7,576
1/1/13-3/31/13	\$1,535,889	\$1,045,323	68.06%	16,955	8,698

O. Side-by-Side Comparison

This filing does not affect the currently filed rates. The rates shown in the Rates and Benefits exhibit reflect no change to current rates.

P. Benefits Ratio Projections

The table below shows the expected impact of the benefit and rate changes. Note that we are not proposing changes to premiums at this time. However, we do expect the proposed benefit modifications to increase claims by approximately 1.077%.

	Before Changes	After Changes
Premiums	\$6,143,556	\$6,143,556
Claims	\$4,612,881	\$4,662,562
Loss Ratio	75.1%	75.9%

The tables below show the calculation of projected premium and claims.

(A) Current Premium (PMPM)	\$30.20	
(B) Current Enrollment	16,955	
(C) Total Premium (Before Changes)	\$6,143,556	(A) x (B) x 12
(D) Impact of Rate Changes	0%	
(E) Projected Premium (After Changes)	\$6,143,556	(C) x (1+(D))

(A) Claims Incurred CY 2012 (PMPM)	\$20.96	
(B) Assumed Trend	4.0%	
(C) 2012 Claims Trended to 2014 (PMPM)	\$22.67	(A) x (1 + (B))^2

(D) Current Enrollment	16,955	
(E) Projected Claims (Before Changes)	\$4,612,881	(C) x (D) x 12
(F) Expected Impact of Benefit Modifications	1.077%	
(G) Expected Claims (After Changes)	\$4,662,562	(E) x (1+(F))

Note that the projected loss ratio differs from the anticipated loss ratio of 74.32% for the new products discussed above. We anticipate that the new products will produce this target loss ratio.

Q. Other Factors

Rates are not determined using rating factors.

R. Rating manuals and underwriting guidelines

Individual products are rated using a rate table. They are issued to individuals, domiciled in the State of Colorado. No underwriting adjustments are applied.

**Delta Dental Plan of Colorado
Individual Dental Plans
PPACA Dental Filing
Actuarial Memorandum
Effective 1/1/2014**

A. Summary

1. The purpose of this rate filing is to file benefit designs and rates for five new individual plans effective 1/1/2014. This filing also contains rates for Delta Dental's existing individual plan designs. We are not making any change to current rates, although modifications to current plans have been filed under separate cover. Designs and rates have been submitted in Exhibit B.
2. The proposed rates reflect no change to current rates.
3. Individual dental products will be sold directly and through the Colorado Exchange. Members may be assisted by information provided by the following channels:
 - DDCO website
 - Solicitation of former group members
 - Broker house website links
4. Premium rates for the new plans vary by plan and age. Rates for the Classic and Enhanced plan are on a 3-tier basis and vary by plan, family composition, and geographic area. Rates for the PPO Direct and PPO Plus plans are set on a 3-tier basis and vary by plan family composition. Rates for the Clear Plan varies by age and geographic area.
5. Product description

The new individual plans are EPO plans – a limited network option that provides coverage for services provided by PPO dentists only. Charges for services provided by non-PPO dentists are denied in full, and become the member's liability.

Current plans cover a variety of network arrangements. Based on the agreement reached between the dentist and DDCO, dentists fall into three categories:

- Delta Dental PPO dentists
Delta Dental PPO dentists have signed contractual agreements with DDCO and agree to accept the PPO fee schedule as payment in full.
- Delta Dental Premier dentists
Delta Dental Premier dentists have signed contractual agreements with DDCO and agree to limit their charges to DDCO's Maximum Plan Allowance (MPA). Premier dentists are paid based on the PPO fee schedule, and are permitted to charge patients the difference between the PPO fee schedule and their billed charge up to DDCO's MPA.
- Non-Participating dentists.
Non-Participating dentists are also paid based on the PPO fee schedule, and are permitted to charge patients the difference between the PPO fee schedule and their billed charges, not subject to DDCO's MPA. For Non-Participating dentists, however, DDCO does not reimburse the

dentist directly. Rather, the subscriber will need to submit a claim form to DDCO for reimbursement.

The Delta Dental PPO Plan is an EPO network option. Eligible members received benefits for covered services provided by a Delta Dental PPO dentist. In addition to Delta Dental PPO dentists, eligible members in the PPO Plus, Classic, Enhanced, and Clear plans also receive benefits for covered services provided by Delta Dental Premier and Non-Participating dentists.

6. Forms impact: Voluntary 2011, Voluntary 2014, Classic Contract, Enhanced Contract, Clear Contract
7. Premiums vary by age due to the requirement of the ACA that pediatric members have additional benefits. Members under the age of 19 will pay the pediatric premium rate; 19 and over the adult premium rate.
8. Renewability provision: individual policies are guaranteed renewable.

B. Assumption, Acquisition or Merger

The products included in this rate filing were not part of an assumption, acquisition or merger of policies from/with another company.

C. Rating Period

The rates will be applied to policy effective dates between 1/1/2014 and 12/31/2014.

D. Underwriting

This product is issued to individuals who are domiciled in the State of Colorado. No underwriting adjustments are applied.

E. Effect of law Changes:

Current plans will be modified in response to requirements established in the Accountable Care Act. This includes the removal of annual limits, addition of out of pocket maximums, and the satisfaction of actuarial value requirements for pediatric plans.

F. Rate History

The table below summarizes the rate filings during the past three years for these products.

Effective Date	Description	Average Increase	Minimum Increase	Maximum Increase
1/1/2014	Annual Rate Filing	0.0%	0.0%	0.0%
1/1/2013	Annual Rate Filing	4.2%	5.1%	3.2%
1/1/2012	Annual Rate Filing	0.0%	8.3%	9.7%

The cumulative impact of rate increases in the past 12 months is an increase of 0.0%.

G. Coordination of Benefits

No separate adjustment for coordination of benefits was applied to the premium rates because dual coverage is not permitted.

H. Relationship of Benefits to Premium

Administrative expenses amount to 25.68% of premium. The components of the retention are laid out below, along with a comparison of the most recent cost allocation for the individual plans. Note that our financial statements do not differentiate by line of business, so a separate cost allocation had to be performed to calculate these values.

Component	Pricing Target	Actual Historical
Administration	17.40%	17.40%
Commissions	5.28%	7.20%
Risk Margin	3.00%	5.50%
Total	25.68%	30.1%

The reduction in commissions is expected due to changes in distribution channels and expected renegotiation of certain broker arrangements. Recent margin was higher than anticipated, but the fact that we are holding rates at the current level should reduce that margin in 2014.

I. Lifetime Loss Ratio

The rates of dental products are determined annually. As such, a lifetime loss ratio is not applicable.

J. Provision for Profit and Contingencies

3.0% of premium is included in retention for profit and contingencies.

K. Complete Description as to How the Proposed Rates were Determined

The rates for all five plan designs were based on actual experience incurred during the time period April 2012 through March 2013 by members enrolled in existing individual products. Claims were projected forward to 1/1/2014 at an annual trend rate of 4% and were adjusted for benefits. Premiums were calculated by applying the required retention percentage of 25.68% to claims. The projected loss ratio for the rating period is 74.32%.

Pediatric benefits were designed to achieve the required 70% and 85% actuarial values (AVs) for the pediatric population only. The actuarial value was calculated as the ratio of the estimated claims cost paid by the plan PMPM divided by the allowed claims PMPM, for services performed in-network only. A separate actuarial value certification has been submitted with this filing.

L. Trend

4% underlying trend is assumed in pricing.

M. Credibility

The proposed rates are based on Colorado data from 4/1/2012 through 3/31/2013 including total 11,761 life years and 30,373 claims which meet the Colorado full credibility standard.

N. Data requirements

Below is a summary of the experience for these policies for the past three years.

Experience Period	Earned Premium*	Incurred Claims	Benefits Ratio	Average covered lives	Average number of policyholders
1/1/10-12/31/10	\$2,689,747	\$2,017,231	75.00%	8,232	4,197
1/1/11-12/31/11	\$3,099,103	\$2,540,444	81.97%	13,011	6,682
1/1/12-12/31/12	\$5,318,572	\$3,719,277	69.93%	14,786	7,576
1/1/13-3/31/13	\$1,535,889	\$1,045,323	68.06%	16,955	8,698

O. Side-by-Side Comparison

This filing does not affect the currently filed rates. The rates shown in the Rates and Benefits exhibit reflect no change to current rates.

P. Benefits Ratio Projections

The table below shows the expected impact of the benefit and rate changes. Note that we are not proposing changes to premiums at this time. However, we do expect the proposed benefit modifications to increase claims by approximately 1.077%.

	Before Changes	After Changes
Premiums	\$6,143,556	\$6,143,556
Claims	\$4,612,881	\$4,460,502
Loss Ratio	75.1%	75.9%

Note that this differs from the anticipated loss ratio of 74.32% for the new products discussed above. We anticipate that the new products will produce this target loss ratio.

Q. Other Factors

Rates are not determined using rating factors.

R. Rating manuals and underwriting guidelines

Individual products are rated using a rate table. They are issued to individuals, domiciled in the State of Colorado. No underwriting adjustments are applied.

**Delta Dental Plan of Colorado
Individual Dental Plans
PPACA Dental Filing
Actuarial Memorandum
Effective 1/1/2014**

A. Summary

1. The purpose of this rate filing is to file benefit designs and rates for five new individual plans effective 1/1/2014. This filing also contains rates for Delta Dental's existing individual plan designs. We are not making any change to current rates, although modifications to current plans have been filed under separate cover. Designs and rates have been submitted in Exhibit B.
2. The proposed rates reflect no change to current rates.
3. Individual dental products will be sold directly and through the Colorado Exchange. Members may be assisted by information provided by the following channels:
 - DDCO website
 - Solicitation of former group members
 - Broker house website links
4. Premium rates for the new plans vary by plan and age. Rates for the Classic and Enhanced plan are on a 3-tier basis and vary by plan, family composition, and geographic area. Rates for the PPO Direct and PPO Plus plans are set on a 3-tier basis and vary by plan family composition. Rates for the Clear Plan varies by age and geographic area.
5. Product description

The new individual plans are EPO plans – a limited network option that provides coverage for services provided by PPO dentists only. Charges for services provided by non-PPO dentists are denied in full, and become the member's liability.

Current plans cover a variety of network arrangements. Based on the agreement reached between the dentist and DDCO, dentists fall into three categories:

- **Delta Dental PPO dentists**
Delta Dental PPO dentists have signed contractual agreements with DDCO and agree to accept the PPO fee schedule as payment in full.
- **Delta Dental Premier dentists**
Delta Dental Premier dentists have signed contractual agreements with DDCO and agree to limit their charges to DDCO's Maximum Plan Allowance (MPA). Premier dentists are paid based on the PPO fee schedule, and are permitted to charge patients the difference between the PPO fee schedule and their billed charge up to DDCO's MPA.
- **Non-Participating dentists.**
Non-Participating dentists are also paid based on the PPO fee schedule, and are permitted to charge patients the difference between the PPO fee schedule and their billed charges, not subject to DDCO's MPA. For Non-Participating dentists, however, DDCO does not reimburse the

dentist directly. Rather, the subscriber will need to submit a claim form to DDCO for reimbursement.

The Delta Dental PPO Plan is an EPO network option. Eligible members received benefits for covered services provided by a Delta Dental PPO dentist. In addition to Delta Dental PPO dentists, eligible members in the PPO Plus, Classic, Enhanced, and Clear plans also receive benefits for covered services provided by Delta Dental Premier and Non-Participating dentists.

6. Forms impact: Voluntary 2011, Voluntary 2014, Classic Contract, Enhanced Contract, Clear Contract
7. Premiums vary by age due to the requirement of the ACA that pediatric members have additional benefits. Members under the age of 19 will pay the pediatric premium rate; 19 and over the adult premium rate.
8. Renewability provision: individual policies are guaranteed renewable.

B. Assumption, Acquisition or Merger

The products included in this rate filing were not part of an assumption, acquisition or merger of policies from/with another company.

C. Rating Period

The rates will be applied to policy effective dates between 1/1/2014 and 12/31/2014.

D. Underwriting

This product is issued to individuals who are domiciled in the State of Colorado. No underwriting adjustments are applied.

E. Effect of law Changes:

Current plans will be modified in response to requirements established in the Accountable Care Act. This includes the removal of annual limits, addition of out of pocket maximums, and the satisfaction of actuarial value requirements for pediatric plans.

F. Rate History

The table below summarizes the rate filings during the past three years for these products.

Effective Date	Explanation	Average Increase	Minimum Increase	Maximum Increase
1/1/2014	Annual Rate Filing	0.0%	0.0%	0.0%
1/1/2013	Annual Rate Filing	4.2%	5.1%	3.2%
1/1/2012	Annual Rate Filing	0.0%	8.3%	9.7%

The cumulative impact of rate increases in the past 12 months is an increase of 0.0%.

G. Coordination of Benefits

No separate adjustment for coordination of benefits was applied to the premium rates because dual coverage is not permitted.

H. Relationship of Benefits to Premium

Administrative expenses amount to 25.68% of premium.

I. Lifetime Loss Ratio

The rates of dental products are determined annually. As such, a lifetime loss ratio is not applicable.

J. Provision for Profit and Contingencies

2.1% of premium is included in retention for profit and contingencies.

K. Complete Description as to How the Proposed Rates were Determined

The rates for all five plan designs were based on actual experience incurred during the time period April 2012 through March 2013 by members enrolled in existing individual products. Claims were projected forward to 1/1/2014 at an annual trend rate of 4% and were adjusted for benefits. Premiums were calculated by applying the required retention percentage of 25.68% to claims. The projected loss ratio for the rating period is 74.32%.

Pediatric benefits were designed to achieve the required 70% and 85% actuarial values (AVs) for the pediatric population only. The actuarial value was calculated as the ratio of the estimated claims cost paid by the plan PMPM divided by the allowed claims PMPM, for services performed in-network only. A separate actuarial value certification has been submitted with this filing.

L. Trend

4% underlying trend is assumed in pricing.

M. Credibility

The proposed rates are based on Colorado data from 4/1/2012 through 3/31/2013 including total 11,761 life years and 30,373 claims which meet the Colorado full credibility standard.

N. Data requirements

Below is a summary of the experience for these policies for the past three years.

Experience Period	Earned Premium*	Incurred Claims	Benefits Ratio	Average covered lives	Average number of policyholders
1/1/10-12/31/10	\$2,689,747	\$2,017,231	75.00%	8,232	4,197
1/1/11-12/31/11	\$3,099,103	\$2,540,444	81.97%	13,011	6,682
1/1/12-12/31/12	\$4,180,749	\$3,436,352	82.19%	14,786	7,576
1/1/13-3/31/13	\$1,535,889	\$1,045,323	68.06%	16,955	8,698

O. Side-by-Side Comparison

This filing does not affect the currently filed rates. The rates shown in the Rates and Benefits exhibit reflect no change to current rates.

P. Benefits Ratio Projections

The projected benefits ratio is 74.3%.

Q. Other Factors

Rates are not determined using rating factors.

R. Rating manuals and underwriting guidelines

Individual products are rated using a rate table. They are issued to individuals, domiciled in the State of Colorado. No underwriting adjustments are applied.

Table of Benefits and Rates - New Delta Dental of Colorado Individual Offerings

Effective 1/1/2014

Benefit Design

High or Low Pediatric
New Plan or Mod?
Line of Business
On/Off Exchange
Network
Plan Type
Deductible
Apply ded to
OOP Max (Under 19 Only)
Annual Max (Adult Only)
Class I
Class II
Class III
Ortho Offered?
Surgery/Endo/Perio
Waiting Pd (Adult)

Waiting Pd (Pediatric)

	Delta Dental Child Plan - Mesa	Delta Dental Child Plan - Summit	Delta Dental Family Plan - High Mesa	Delta Dental Family Plan - Summit	Delta Dental Family Plan - Mesa
	Low	High	Low	High	High
	New	New	New	New	New
	Individual	Individual	Individual	Individual	Individual
	Both	Both	On	On	On
	PPO Only	PPO Only	PPO Only	PPO Only	PPO Only
	EPO	EPO	EPO	EPO	EPO
	\$50	\$50	\$50	\$50	\$50
	Basic/Major	Basic/Major	Basic/Major	Basic/Major	Basic
	\$700	\$700	\$700	\$700	\$700
	N/A	N/A	\$1,000	\$2,000	\$1,000
	80%	100%	80%	100%	100%
	60%	80%	50%	80%	60%
	50%	50%	50%	50%	0%
	No	No	No	No	No
	Major	Major	Major	Major	Major
Basic	N/A	N/A	12 Month	12 Month	6 Month
Major	N/A	N/A	12 Month	12 Month	N/A
Basic	None	None	None	None	None
Major	12 Month	12 Month	12 Month	12 Month	12 Month
Pediatric	N/A	N/A	No Change	No Change	100%/60%/60%

Pediatric

Deductible
Apply ded to
OOP Max
Class I
Class II
Class III

Delta Dental Child Plan - Mesa	Delta Dental Child Plan - Summit	Delta Dental Family Plan - High Mesa	Delta Dental Family Plan - Summit	Delta Dental Family Plan - Mesa
\$50	\$50	\$50	\$50	\$50
Basic/Major	Basic/Major	Basic/Major	Basic/Major	Basic
\$700	\$700	\$700	\$700	\$700
80%	100%	80%	100%	100%
60%	80%	50%	80%	60%
50%	50%	50%	50%	0%

*Added to meet actuarial value requirements

Price

Per child
Per adult

\$22.50	\$25.50	\$20.50	\$25.50	\$24.25
N/A	N/A	\$26.75	\$33.75	\$16.50

Table of Benefits and Rates - Current Delta Dental of Colorado Individual Offerings

Effective 1/1/2014

Benefit Design

	Classic Plan	Enhanced Plan
High or Low Pediatric	Low	High
New Plan or Mod?	Mod	Mod
Line of Business	Individual	Individual
On/Off Exchange	Off	Off
Network	PPO Plus Premier	PPO Plus Premier
Plan Type	PPO	PPO
Deductible	\$50	\$50
Apply ded to	Basic/Major	Basic/Major
OOP Max (Under 19 Only)	\$700	\$700
Annual Max (Adult Only)	\$1,000	\$1,000
Class I	80%	100%
Class II	50%	80%
Class III	50%	50%
Ortho Offered?	No	No
Surgery/Endo/Perio	Major	Major
Waiting Pd (Adult)		
Basic	12 Month	12 Month
Major	12 Month	12 Month
Waiting Pd (Pediatric)		
Basic	12 Month	None
Major	12 Month	12 Month
Pediatric*	No Change	No Change

PPO Direct	PPO Plus
High	High
Mod	Mod
Individual	Individual
Off	Off
PPO Only	PPO Plus Premier
EPO	PPO
\$75	\$50
Basic/Major	Basic/Major
\$700	\$700
\$1,000	\$1,500
100%	100%/90%
70%	80%/70%
30%	50%/40%
No	No
Major	Major
6 Month	6 Month
12 Month	12 Month
6 Month	6 Month
12 Month	12 Month
No Change	\$0 Deductible

Clear Plan (Adult Only)
N/A
Mod
Individual
Off
PPO Plus Premier
PPO
\$0
Basic/Major
N/A
None
Varies (Copay)
Varies (Copay)
Varies (Copay)
No
Major
None
None
None
None
No Change

Pediatric

	Classic Plan	Enhanced Plan
Deductible	\$50	\$50
Apply ded to	Basic/Major	Basic/Major
OOP Max	\$700	\$700
Class I	80%	100%
Class II	50%	80%
Class III	50%	50%

PPO Direct	PPO Plus
\$0	\$50
Basic/Major	Basic/Major
\$700	\$700
100%	100%/90%
70%	80%/70%
30%	50%/40%

Clear Plan (Adult Only)
N/A
N/A
N/A
N/A
N/A
N/A

*Added to meet actuarial value requirements

Price

Region 1		
Subscriber	\$42.00	\$45.00
Subscriber + 1	\$76.00	\$80.00
Subscriber + 2	\$118.00	\$125.00
Region 2		
Subscriber	\$22.50	\$25.50
Subscriber + 1	\$22.50	\$25.50
Subscriber + 2	\$22.50	\$25.50

Tier		
Subscriber	\$32.00	\$41.00
Subscriber + 1	\$59.00	\$76.00
Subscriber + 2	\$82.00	\$106.00

Age Band	Region 1
19 - 25	\$28.00
26 - 50	\$32.00
51 +	\$45.00

Age Band	Region 2
19 - 25	\$27.00
26 - 50	\$30.00
51 +	\$43.00